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## Psychiatry and the Nurse

By ARTHUR H. RUGGLES, M.D.

**N**URSING education is broadening constantly and is not unmindful of its relation to the study of nervous and mental diseases or, as they have recently been termed by Doctor Culpin of London, "the minor and major psychoses."

This paper will deal with two aspects of the subject, first the place of psychiatry in the training of all nurses and, second, the place of the nurse in the mental hygiene work that is developing so rapidly.

That every nurse needs instruction in the disorders of the mind, and actual experience in the nursing care of mentally sick patients, is so generally recognized that I will not argue the point, but rather call to your attention some of the advantages of such training.

It has recently been stated by several competent physicians that more than half the patients that come to their offices and that they see in consultation present no evidence of physical disease. This, undoubtedly, means that the majority of these are suffering from the mal-adjustments that we know as neuroses and psychoses. Is it not im-

perative that nurses should understand the care of such conditions if they are to take part in the care of all these sick persons? Practically all chronic physical illness results in a mental component

which we know as adjustment, usually mal-adjustment, and so, if the nurse is to be a successful nurse, she must be prepared not only to care for her patient's chronic cardiac condition, but also to cope with the depression that goes with it. Only too often, the persistent vomiting

**E**VERY nurse who has a training that includes an understanding of the mental factors entering into human adjustment will be better able to be the ruler of her own destiny and will be qualified to meet the disorders of the central nervous system that are so often met in acute and chronic illness.

of a patient is due, not to pregnancy or gastric ulcer, but to an emotional disorder, based on the patient's mal-adjustment to a situation difficulty, and here the nurse who cannot understand the patient's motivation is a liability and not an asset. We sometimes learn that a certain nurse could not get on with her private patient or with her family, or that another nurse does not seem able to care for some of the patients in her ward and the advisability of her remaining there is being questioned. Investigation of such unhappy situations, in nine cases out of ten, shows that the nurse failed to recognize a

pathological mal-adjustment and, therefore, was unable to meet the situation of her patients or their relatives with understanding and a well trained technic.

One of the best nurses I ever knew, gave up a case because she said she had failed in her handling of the problem, and was much troubled over the situation. This fact in itself is serious enough because each nurse must obviously aim for 100 per cent of success in her care of patients, but the most disturbing aspect of this particular case was that when the first nurse left, the second also failed to recognize the mental pathology existing and so did a third one and then the family gave up doctors and nurses, for the doctor had also failed to determine the etiology of his patient's abnormal mental reaction, and said she was "just unreasonable." That patient was an obstetrical case, the nurse and doctor handled the delivery excellently, post-partum care was letter perfect from an obstetrical viewpoint, but the patient developed pulmonary tuberculosis, had a very low blood pressure and a secondary anemia, but the only symptoms that were noted at first were irritability, complaints of exhaustion, lack of appetite, and slight elevation of temperature, the latter, said by the doctor to be due to "hysteria." Before all the symptoms were present, and proper treatment could be instituted, the doctor and three nurses, because of their lack of broad medical training, had been replaced by a Christian Science healer and, in four months, that woman died, a victim of inadequate medical and nursing training.

I believe a psychiatrically trained nurse would have understood irritability, exhaustion, and anorexia as evidence of some deeper motivation than unreasonableness, would have stayed with the patient because she was sick and not "just nervous," would have called to the attention of the doctor the

need for better understanding, with diplomacy would have gotten it, and the unnecessary sacrifice of a human life would have been avoided. An extreme case, you will say; perhaps so, but one that, in varying degrees, has its counterpart all too frequently. We know that many illnesses tend to get well, and, provided the doctor and nurse do not err too much in their assistance, all will go well, so why more training?

Let us assume that 90 per cent of the nurses' cases go well, from her viewpoint. Isn't that a good record? Yes, but isn't it the ultimate aim of every nurse to reduce that 10 per cent of failures or partial failures? I firmly believe that it is not only her aim, but also her duty. In that 10 per cent of non-successes will be found the psychotic and neurotic problems that baffle the nurse without such training, and serve to continue the long lines of the mal-adjusted, sick human beings who clamor at the doors of all the cultists, and reach out eager hands to grasp any straws of new "isms" and "ologies."

We used to hear a great deal in the nurses' training course about "tact," that utopia so difficult of exact definition. We seem to hear less about it of late, not because it is less important, but I suspect because the nurse today, must, in most training schools, have a better educational background and so, to her training, she brings more of that indefinable quality than she did ten years ago, and needs less emphasis put upon it in training years.

I wonder if a broadening cultural background in the pre-nursing school years and thorough grounding in human motivation, such as is gained by the teaching of psychology and of psychiatric nursing in the training school period won't give our nurses of tomorrow a greater endowment of that factor that enables us to deal successfully with human beings, whether well or ill.



There is still another advantage which the psychiatrically taught nurse has, and that is the understanding of the emotions as well as the intellectual processes of herself, so that she is better equipped to make decisions, to think out her problems, and to avoid emotional pitfalls, an equipment invaluable to the best type of trained nurse. The last evidence of the need of an understanding of mental reactions by every nurse is in the field of pediatrics. So much of our attention is rightly focused on the disorders of childhood that, even today, the nurse who does not understand the psychology of food dislikes, of temper tantrums, of introversion and of pathological day dreaming, is hardly able to meet the important problem of directing the personality pattern of the child entrusted to her care, and certainly the educated mother has reason to expect the nurse to know something about these vital health factors.

#### The Nurse and Mental Hygiene

MANY other evidences of the advantage to the nurse of mental training will, I hope, become clear in the second part of this paper which will attempt to show the value of the psychiatric nurse in that branch of medicine known as Mental Hygiene. Mental Hygiene aims to better the treatment of mental diseases, but even more important in its program is the prevention of mental disease and the increasing of human efficiency and happiness through the direction of better mental adjustments. In such a program, the nurse is an indispensable link, and without a sufficient number of psychiatric nurses, this work must necessarily be delayed, and the reduction of feeble-mindedness, poverty, delinquency, crime and mental disease be retarded. Surely, this is a challenge that the nursing world will not fail to meet.

Let me tell you the story of a nurse

who was not found wanting when the test came to her.

Bobby was a normal boy until he was seven years old, then he had a mild case of sleeping sickness. He soon recovered and went back to school, but soon his inattention and abnormal conduct in school caused him to be excluded from the classroom. At home and in the community, he ran wild, set four fires, tortured animals and kicked in people's doors. A policeman was detailed to watch him and cure him of his anti-social tendencies. He was threatened, coaxed and beaten, but he still remained "incorrigible." The police department announced that he was to be sent to a reform school. (I wonder if they thought they could reform his poor sick brain). The district nurse had a knowledge of sick brains because she had been so trained. She suggested an intelligence test; it was made. Bobby tested up to his normal age, so he could not be sent to the Feeble-minded School. Again, the police and the angry citizens (citizens, even good ones, lose their thinking judgment when their property is disturbed) said he must go to a disciplinary institution, but again the nurse interceded and arranged for Bobby's admission to a hospital where they understand sick minds, and now the community is at peace and Bobby's sick brain is understood and he is on the road to improvement and, it is hoped, to recovery.

I think that nurse has rightly taken her place as a community leader, a worthy successor to the heritage of Florence Nightingale and Dorothea Dix.

Directly in line with this case, the psychotic manifestations following lethargic encephalitis constitute a much greater social and preventive medicine problem than most of us realize and, with another epidemic of this baffling disease, may become one of our greatest medical problems and one for the adequate handling of which we must have the unqualified help of all nurses. How can nurses hope to give unqualified help if they do not understand the mental sequelae of encephalitis?

Obviously, in our war against nervous and mental disease, we must attack early, and our hope for ultimate success depends largely upon the thoroughness

of our school health work, and that, in its turn, means that every school nurse must be adequately equipped to recognize and understand the nervous and mentally mal-adjusted child. Certain aspects of this problem can, undoubtedly, be met by the psychiatric social worker and the specially trained visiting teacher, but is the nursing profession going to stand calmly by and see this health problem cared for by others while she cannot even understand the nomenclature and the methods of prevention they use? I cannot believe that trained nurses can long remain ignorant of the important health factors that produce the erratic, troublesome conduct of childhood and the retarded, or the precocious scholar, whether they be found in your school-nurse work or in the homes of your private cases. Every public health nurse who has thoroughly studied her cases realizes how important a part the patient's nervous system plays in his reactions to acute or chronic illness, poverty, domestic difficulties, and vocational adjustment. With knowledge of mental reactions, this nurse can more readily understand the suspiciousness or the flightiness of the influenza case and can, therefore, better guard against unpleasant complications; she can realize the significance of the delusions of the alcoholic husband and so prevent the all too frequent tragedies resulting from such diseased minds and she can sense the significance of the boy never able to hold a job because he cannot get on with associates, and thus help to prevent some of the present unaccounted-for labor "turn-over" and she can help fit the boy into work, where, if understood and properly supervised, he may be both efficient and happy.

I wonder how many nurses realize the number of homes being broken up and the number of children consequently being helped toward emotional invalidism that are the result of misunderstood

mental factors. Social workers are not unmindful of such situations and are fitting themselves to meet them. Perhaps you will say, Well, let the social workers take care of such problems. I am not heedless of the fact that it is often a bit difficult to say where the nurses' work stops and the social workers' begins. Especially is this true in the case of the psychiatric nurse and psychiatric social worker. Some day, I want to try to formulate, as well as may be, that dividing line, but not in this paper. What I do want to bring to your attention here is the fact that if you do not fit yourselves to understand the problems of mental ill health, other groups of women will, and much of the work of truly preventive medicine will be done, not by those most directly concerned, namely the nursing profession, but by others whose vision was greater than yours. You will say, "There is work enough for us all," and there is, but do you want to relinquish the work of disease prevention to those less entitled to it both by tradition and experience?

Let us look at the work of the industrial nurse. Has she not great need of mental training, when we realize that about one-third of the time now lost by industrial workers is due to emotional upsets and more frank psychotic troubles? How can you be thoroughly equipped for your work unless you understand the factors of ill health that lead to inefficiency and unrest? Is it not essential for the nurse in the industrial plant to understand the nervous system that permits a worker's becoming a boss, or that necessitates his remaining always an unskilled laborer? To be sure, we have not an exact technic for determining all these mental health problems, but we are progressing steadily toward it through psychological and psychiatric effort and the nurse must be able to do her part in determining the

underlying health equations that bring us to our goal.

Child guidance clinics are being developed all over this country, staffed by psychiatrists, psychologists and psychiatric social workers. These clinics deal with the mental hygiene problem of children from the schools, the homes and the courts. Can it be possible that the fact that a nurse is not yet a vital part of each one of these health organizations, is due to her want of interest or her lack of training? I fear the latter is truth, that the nursing profession has been slow to grasp the importance and rapidity of such developments in the medical world and that it has not been able to offer enough trained personnel for this very specialized service. Is the psychiatrist to go forward in the mental hygiene work into the home, the school, the factory, the corrective institution and the court, without the nurse? I cannot believe that your profession will long delay the training for every nurse that will enable her to be a leader in that most important phase of preventive medicine we call Mental Hygiene.

Recently, a friend of mine told me the following story,—He had a patient who, following influenza, developed an extreme nervousness that went on to a delusional formation and the patient was sent into a sanatorium where the nurses, unfortunately, had little if any mental training. The patient was most unhappy there because she was laughed at for her fears and delusions and was ordered to do things without adequate understanding of why she should do them. The patient had a great desire to go to her home. My friend listened to her appeal, weighed it carefully and decided that if he could obtain a well-trained psychiatric nurse, he would take the patient home. Such a nurse was secured, and, as you will see, she was an excellently trained and most capable woman. At home, the patient did well

because the nurse explained the "reasons why" to her, laid out a program for each hour of the day and, under the doctor's direction, carried it out. That nurse found that the presence, in the home, of an unsympathetic mother-in-law was an aggravating factor in her patient's illness. This woman was tactfully sent to visit another son. A twelve-year-old boy in the family was observed to be nervous and inefficient in his studies. The nurse discovered the cause in his late hours of going to bed and a badly balanced diet. This was corrected and helped not only the boy but also his mother. Again, the nurse discovered that her patient had habitually gone beyond the limits of her strength and drawn on her physical capital, and so influenza found her with no reserves to draw upon and thus her nervous system was involved before the illness abated. This was brought to the attention of the physician and so, when the patient recovered, as she soon did, a new order of living was instituted and I believe, in these ways, that nurse took her true place in prevention as well as in cure.

Perhaps the nurse could have done all this without mental training. Perhaps! I have seen a good many try. Don't you think they would have a better chance of true success with the most thorough training?

In conclusion, every nurse who has a training that includes an understanding of the mental factors entering into human adjustment will be better able to be the ruler of her own destiny and will be qualified to meet the disorders of the central nervous system that you will see so often in acute and chronic illness. Mental Hygiene needs you, and mental disease, and mental defect will be prevented more rapidly if you are ready to take your part in this great war against one of the enemies of human health and happiness.



# To the Graduates of 1926—Everywhere

BY CARRIE B. WEAD, R.N.

WITH love and pride we congratulate the graduates of 1926, at this happy graduation time. Most graciously we welcome you among us—for we need you, our profession needs you and the world needs you and is waiting for you. We need your youth, your vigor, your enthusiasm. We need the beauty of your dreams of yesterday, we need your courage to meet the living of today—we need the hope of your visions of tomorrow if our beloved profession is still to “carry on.” We have been watching your efforts and your progress as you have advanced toward your professional goal. But at this glad time it may be that you are gazing back, a bit longingly perhaps over the past years of your training, back across the fields o’er which you scattered seeds of inexperience it may be, yet of firm determination and best efforts. You are looking forward into the future but the future reveals no secrets. We know that you expect to do great things and indeed we expect great things of you. But life as you will find it is, as it were, a stage, an arena, set before the world as an audience, upon which each must play his part and then pass on.

In order that one act upon life’s stage, and act well, one must ever tread in the upward path of progress. For progress and growth are the very essence of all living, pulsating things. This audience, the world, you may often find relentless, exacting, critical. Cheer and plaudits go only to the leaders. But cheer and plaudits are only transitory things. Our lives are blessed with true blessedness, not by the things one accomplishes, the things that can be seen and approved of by the world, but rather by one’s own best efforts, the things which we have tried to do.

When you each pass onward from the protected, guided shelter of our training school to take your place in the workaday world of today, you will find—but hark! listen!—and you can hear the echo of the poet’s song and e’en though it comes down to us through all the ages, yet ’tis ringing strong and clear—

In the world’s broad field of battle  
Be a hero in the strife.

Shakespeare tells us to “fling away ambition, for by that sin the angels fell.” And yet I know that at this time ambition and the hope of success are beating high within each breast. For you the little flowerets along the wayside are blooming success, success! the babbling of the brook as it makes its way to the mighty deep, for you is murmuring success! the humble lark of the meadow for you is warbling success, success! the very elements o’erhead in the glare of the lightning for you are flashing success. And yet it is well to ask yourselves, am I willing to pay the price of success? Are you willing to become a Milton and through a darkness that is blacker than midnight, endure the disgrace of the shadow of prison walls, that you might give to the world a “Paradise Lost” or a “Paradise Regained?” Are you willing to become a Palissy, disowned of friends, deserted of family, endure poverty and hunger, loneliness and scorn, that you might give to civilization a priceless treasure in art? Are you willing to go with Dante down through the very depths of the Inferno and then behold face to face such suffering and torment and agony that you might bring back to waiting humanity the story of the immortal lost? Would you be willing to leave home and friends and comforts; to cross a treacherous deep and amid the whizzing of the bullets, the bursting of the shrapnel, tread



the gory battle-fields alone, that you might become a Florence Nightingale or a Clara Barton?

Thus it is well to ask yourselves, Am I willing to pay the price of success?—for in all this world there is nothing worth having except one pay the price. And the price?—It is always, as we are told, "Work, patience, love, self-sacrifice; no paper currency, no promises to pay, but the gold of real service."

And it matters not where duty calls you for this service, whether it be in the

care of the sick in their homes or in our hospitals, in the districts among the poor or on fields of battle, it matters not where your loom of life be placed, it matters not how rough and coarse and dark the thread from which you must weave, it matters not how uninteresting the pattern or how difficult the labor, you can, if you will, weave life's cloth in gold, which when life's evening comes and life's shadows gather, will catch all of the joy and the sunshine and reflect them back to you.

## Diet in Diabetes

### *The Use of More Liberal Amounts of Carbohydrate in the Treatment of Diabetes*

BY W. D. SANSUM, M.D.

THE discovery by Banting and Best<sup>1</sup> of insulin, an extract of the pancreas which is specific in the treatment of diabetes, is one of the greatest achievements in modern medical science. But in spite of the increased use of this important extract, vital statistics disappointingly show that the death rate from diabetes has not been materially lowered, and we know that patients in general have not been restored to a full measure of mental and physical activity. During the past year we have been investigating this phase of the insulin problem, a detailed report of which appears elsewhere<sup>2</sup>. We believe that this unchanged death rate from diabetes is due partly to the failure to adopt the use of insulin where needed but, even more probably, where it is be-

ing employed, to the continued use of the old high fat diabetic diets with their accompanying acidosis.

During the past year we have made the important discovery that, either with or without insulin, it is apparently more difficult for the diabetic patient to utilize fat than it is for him to utilize either carbohydrate or protein. This very surprising conclusion is contrary to nearly all of the teachings of the past. We have been using, however, much more liberal and natural diets, containing ample amounts of bread, fruits, potatoes and milk, foods which are considered by all authorities to be diet essentials. As a result, all traces of the dangerous diabetic type of acidosis have been eradicated and we believe that the patients have been restored to a more nearly normal state of physical and mental activity. We have now used these diets on more than 200 patients and during the past fifteen months not one of the patients in this series has died from diabetes. Previous to the use of

<sup>1</sup>Banting, F. G., and Best, C. H.: The Internal Secretion of the Pancreas, J. Lab. & Clin. Med. 7: 251 (Feb.) 1922.

<sup>2</sup>Sansum, W.D., Blatherwick, N.R., and Bowden, Ruth: The Use of High Carbohydrate Diets in the Treatment of Diabetes Mellitus, J.A.M.A., 86: 178 (Jan. 16) 1926.

these high carbohydrate diets, our death rate from diabetes was three or four per hundred per year.

Deaths from diabetes, in carefully managed cases, usually result indirectly from some intercurrent infection. Diseases of childhood, influenza, pneumonia, etc., promptly lower the patient's tolerance and cause the passage of large amounts of sugar in the urine. On the high fat type of diet, they thus precipitate a serious acidosis so suddenly that the patient becomes comatose before the local physician is aware of the seriousness of the condition. In the hands of a specialist such deaths could usually be prevented, but all patients cannot stay constantly under the direct supervision of a specialist. One of my former patients developed a serious attack of influenza, and because nausea prevented his eating, his physician advised him to stop taking insulin. Fortunately, this patient lived near by, and although brought to us in a comatose state, we were able to treat the coma successfully.

Early last year and while still on the high fat diet, another of my patients who looked unusually well and was steadily improving, developed a serious insulin reaction because of his improvement. The local physician promptly stopped the use of all insulin and, before he realized the seriousness of the condition, the patient developed an acidosis which precipitated a coma, and insulin was resumed too late to save the man's life. If this patient had been on the higher carbohydrate diet with a normal blood fat, large amounts of sugar would have appeared in the urine giving ample warning so that insulin could have been resumed in time.

Insulin should never be stopped without due consideration of all factors. It is sometimes necessary to reduce the dosage of insulin during intercurrent infections and especially if a patient cannot eat a regular diet. But it is usually

much safer to continue the same dosage of insulin and give the patient fairly large amounts of liquid foods, such as fruit juices, even though some sugar does appear in the urine.

In the treatment of diabetes there are four objects to be attained:

1. The patient should be freed from, and kept free from acidosis.
2. The patient should be nourished.
3. The patient should be rendered free and kept free from sugar in the urine.
4. The blood sugar should be maintained at a normal level.

These objects should be accomplished in the order mentioned.

Although oftentimes blood sugar determinations are first made, we do not routinely do this, except for diagnostic purposes, until the urine is entirely free from sugar. We do not attempt to render the patient sugar free until he is receiving ample food for his needs. If low caloric diets are used, we keep the patient in bed until ample food can be given.

The routine treatment of diabetes with the high carbohydrate diets does not differ in any way from the accepted methods, except that more insulin is required. With our present diet plan, in addition to adequate protein, we are using two or more grams of carbohydrate to each gram of fat. We divide the total amount of food into equal parts for each of the three meals of the day. Two doses of insulin are used,  $\frac{5}{8}$  of the total dose being given from 15 to 30 minutes before breakfast, and  $\frac{3}{8}$  at the same interval before supper, with minor variations if necessary. For example, if 40 units of insulin are needed, 25 units would be given before breakfast and 15 units before supper. When the insulin dosage is small, one dose may be given daily with two large meals following the insulin and no insulin before the smallest meal.

Table I represents the routine diet

formulas in use at the present time. These are varied somewhat to suit the individual needs of each patient. If he gains weight too rapidly, he usually prefers to eliminate part of the fat, thus increasing the ratio of carbohydrate to fat.

Diet 1 is our acidosis diet and consists of 90 grams of oatmeal, dry weight, 300 cc. of skim milk and 1,000 cc. of fruit juice. If the acidosis is very severe, 2,000 cc. of fruit juice are used. The oatmeal and skim milk are divided into three meals and the fruit juice is given both with and between meals. In general, orange juice seems to be the most suitable, and often, especially if there is a tendency toward nausea and vomiting, lemon juice or grapefruit juice is mixed with the orange juice. Ample insulin is given up to 100 to 200 units per day, and no attempt is made to render the patient sugar free on the acidosis diet. When the patient is free from acidosis, the remaining diets are used in the order listed, up to a maintenance level. The patient is desugared on diet 2. He is kept comparatively quiet while on the low diet, lest he burn his body fat and thus precipitate an acidosis. If the case is not too severe and especially if there is no acidosis, we often start with a diet at the supposed maintenance level, using either no insulin or a small dosage and gradually raising it to the required level. We thus eliminate the irksome days of partial starvation and inactivity.

Table I. Routine Diet Formulas

No.	Diet	C	P	F	Calories
1	Acidosis	257	28	12	1248
2	1000 Calorie	95	48	49	1013
3	1500 Calorie	146	69	71	1499
4	2000 Calorie	202	79	97	1997
5	2200 Calorie	217	93	107	2203
6	2500 Calorie	245	100	124	2496
7	3000 Calorie	301	116	150	3018

Table II represents a typical diet as served.

Table II. 2200 Calorie Standard Diet

C 217, P 93, F 107, Calories 2203

Type of Food	B	D	S	Grams
3% Vegetable - - -		250	250	500
6% Vegetable - - -			100	100
20% Vegetable - - -		125		125
Eggs - - - - -	2			2
Bacon - - - - -	15			15
Lean Meat (15% Fat)		75	75	150
Butter - - - - -	10	15	10	35
Bread - - - - -	45	30	30	105
20% Cream - - - -	33	33	33	100
10% Fruit - - - - -	250	250	300	800
Dry Cereal - - - -	20			20
Whole Milk - - - -	100		200	300

### Summary

On such diets the patients are freed from the slightest traces of the acetone type of acidosis and are restored to a more nearly normal state of physical and mental activity. The diets are more palatable and the patients lose their craving for forbidden foods, especially the carbohydrates. About 40 per cent more insulin is required in the beginning, but it is not difficult to render such patients sugar free and their blood sugar normal. Theoretically, at least, and because of the entire freedom from acidosis, such diets should afford the patient the best opportunity for partial recovery.



### The Registry in the Small City

THINK of your registry as a Central Bureau of Nursing. Put your ear close to the ground and sense the nursing needs of your community. Offer your town a solution of these needs and you will find a response. Grasp your opportunities of service as they come. Don't wait for the other fellow to start it and, after he has demonstrated that it can be done, expect the people to give you their patronage. The people will put their confidence in the person who gives them the best service and individual attention. When you are really giving something to your town, you can ask for financial assistance, and as the people see the results of your work they will give more. Don't fail to ask and don't fail to advertise.

MARY E. ELLIOTT, R.N.,

*The Pacific Coast Journal of Nursing,*

## A Visiting Instructor



Neither snow, nor rain, nor heat, nor gloom of night stays these couriers from the swift completion of their appointed rounds.

FROM the editorial sanctum on the fifteenth floor, Herodotus' stimulating line, carved on the facade of the New York post office, daily greets our eye. The picture of Helen Redfern, Visiting Instructor to a group of schools in Eastern Massachusetts, leads us to paraphrase the line to "Neither snow nor rain stays the visiting instructor from the completion of the day's appointed task!" Says Miss Redfern, "Who would guess that the bag contains a partially dissected cat!"

## A Handsome State Bulletin

THE Ohio State Association of Graduate Nurses has just launched the first number of a *State Bulletin*. The material contained in its pages is timely, interesting, and carefully selected. The record of the varied

work of the Districts is extremely stimulating. Ohio has again set a high standard.

## Shall Peddlers Practice Medicine, or Doctors?

THE Harrison Drug Law, as originally enacted, expressly stipulates that none of its restrictions should apply to physicians in good faith practicing their profession. Regulations made with the laudable purpose of making the law effective have had an opposite effect. Hon. John W. H. Crim, formerly U. S. Assistant Attorney General, recently told a Committee of Congress how the regulations acted.

"You take an addict in moderate circumstances," he said, "perhaps a boy who has come out of the army. He goes to a physician, a high-class man, and states to that physician frankly that he is addicted. The physician says, 'Well, I think your case might be handled. But there are a whole lot of people being prosecuted. This thing is handled in Washington. I do not want to stake my reputation on your case, I may be getting into trouble. You will have to go to someone else.

"That addict," General Crim continues, "is gradually driven to the underworld, where you have not only the crime of buying and selling narcotics, but every other kind of crime, and there he buys his drug. In a little while he has no legitimate source of income whereby he can procure the drug at the inordinate price he is required to pay in the underworld. Then he goes to stealing, robbing, burglary, or some other means to get funds to get it, or he will buy a bottle of it and sell a part of it so that he may get his drug in that way, and you drive that New Hampshire soldier boy right into prison."

If human ingenuity should undertake to contrive a more effective means of spreading addiction, could it do any worse? It drives the victims first to the peddler, then to the underworld and then builds them up into an army of trained salesmen and drug distributors, the most ingenious, industrious, widespread, and terribly effective agency that the mind can imagine.

The White Cross proposes that we go back to first principles. Let the doctors treat that soldier boy for the disease of addiction, just as they would for rheumatism or anything else. Cure him and extinguish the peddler.

WM. K. MCKINNEY,

Executive Secretary, The White Cross.



# Nurses' Jurisprudence

## *Some of the Legal Responsibilities of Nurses*

By C. S. CHASE, M.D.

**P**OSSIBLE liability of nurses in line of their duties are of two-fold nature, namely: (a), criminal, and (b), torts (wrongs). The first have in the act the possibilities of a criminal offense. The second, has no such probability, at least usually. The line of distinction is drawn, chiefly, by the intent, express or implied, which inspired or accompanied the act.

Accidents, if not the result of carelessness or negligence, are usually excusable. They may, however, involve such a degree of one or both of these elements as to become torts or criminal elements, as intent being implied. Misdemeanors may be considered as steps beyond mere accidents and near the border line of felonies. The latter, indeed, are sometimes broadly defined as, "any of various crimes more serious than those called misdemeanors."

Most torts result in actions known in law as civil and are, as a rule, measured by the infliction upon the accused, punishment merely of a pecuniary nature. Nurses may expect, in the future, to be held as personally responsible for many of their acts, which their chiefs, physicians and surgeons or hospitals whom they were serving, have in the past had to care for. Hence, a knowledge of their rights and privileges as well as the possible consequences of their mistakes (torts) is becoming increasingly important.

### **Criminal Possibilities**

**A**S already stated an accident, though it result in death, is not considered criminal unless it is preceded by intent to do harm, or is the result of such inexcusable carelessness as to merit the implication of intent. Such results

as death of a human being are called, broadly speaking, *homicides*.

Homicides are classifiable as, (a), excusable; or (b), justifiable. The first classification would include purely accidental cases where every possible means of an ordinarily careful nurse had been used to avoid the act which caused the death. The second class of cases would include every proper means of self-defense, if one should be assaulted with the manifest purpose of doing great bodily harm, even probably the taking of life. For many other causes one could be justified, in or out of court, for a homicide.

A third class of homicides is of a more serious nature because of both the act itself and its possible consequences. Such acts are known as felonious homicides. They are divisible into three classes, namely (a), *felo-de-se*, (b), manslaughter, and (c), murder. The first means taking one's own life, or really self-murder, and is a felony. The second, manslaughter, means the killing of a human being, unlawfully, but without malice. The third, murder, is a felony in which the offense is the unlawful killing of a human being with malice aforethought. The commission of a criminal abortion, for instance, would be a homicide, as killing the infant itself would be classifiable according to the definitions herein given, murder.

Manslaughter might be explained a little more fully. It means first of all as above stated, the unlawful killing of a man without malice, express or implied. The act may be (a), voluntary, as when in sudden heat or excitement of anger; or (b), involuntary, but in the commission of some unlawful act.

Certain terms especially related to the commission of felonies should be known by nurses, such, for instance, as (a), an accessory before the fact, (b), an accessory after the fact, (c), a particeps criminis, and, (d), guilty knowledge. The first and, in a way, all the expressions mentioned might be included in a common legal definition, namely: (a), one who is present and contributes to the commission of a crime before, or at the time of its commission, (b), one who is present and contributes to any results of a crime which one knows has been committed, and who aids, assists, or shelters the offender, or offenders, with the intent to defeat justice. The third, guilty knowledge, has reference, chiefly, to one, as, for instance, a bystander when a criminal offense is being committed, though one takes no definite part in it. A case in point of the last class would be the possible danger to a nurse being present at the unlawful performance of an abortion. She would be much safer never to serve one at all who has an unsavory reputation in such matters. The expression "particeps criminis" means a participant in a crime. One thus designated would be equally culpable with the one who committed the felony itself. Certain other terms, or expressions, should be named and defined to enable nurses to read understandingly case reports, or listen intelligently to a trial of a case in which they may be called as witnesses.

The terms "plaintiff" and "defendant" mean respectively the party or parties who institute an action, and the party or parties who defend it. In criminal actions the "state" is always the plaintiff. For instance, an action is brought against John G. Doe, M.D., for a criminal abortion, for which he had been indicted by a grand jury. The case would appear upon the criminal side of a court calendar thus:

The State of Iowa versus John G. Doe, M.D.

"Inattention", "Carelessness", "Negligence", "Inadvertence", "Remissness", and many other terms having to do with her work should be understood by the nurse. One or two may be defined as illustrations. "Inadvertence", for instance, means, legally, inexcusable, though possibly unintentional, failure to heed warnings or carry out instructions. Beware of this! "Remissness" means a lax and careless attitude toward the discharge of an assigned duty or its performance. "Oversight" means an omission to carry out definite instructions, found, possibly, in bedside directions.

#### Varied Services in Which Danger Is Imminent, if Care Is Not Taken

1. Drugs: Nature and doses. Their containers. Times of administration. Directions as to their use—how received? written? oral? or, possibly, by telephone? Why should they be initiated?

#### 2. Local Applications:

- (a) Heat 1. Cauteries: electro—actual — thermo — radium — X-Ray. 2. Water bottles—dry heat, etc. 3. Solar therapy—cabinet baths, etc.
- (b) Cold 1. Ice-packs—cold air—freezing mixtures, etc. 2. Baths of various kinds.
- (c) Drugs to various structures, as eye, ear, nose, etc.

3. Foreign bodies: Be trebly careful lest tubes, sponges, or even instruments are left in thoracic or abdominal cavities. Legal literature is full of instances in which some one or more of the last named substances are found in one or both of these cavities. These have been very prolific sources of malpractice suits, and in which nurses have by no means been entirely free from fault.

4. Observation: Mere "observation service," as head nurse in surgical

service is worth much in avoiding accidents. This is especially true during recovery from anaesthesia. Also, after application of heat under the same circumstances.

5. Preparation of patients for and care of same after operations. Do not leave a room for a moment unless your place is taken by a substitute before leaving.

6. Dressing wounds after operations is extremely important. Inspect dressings with utmost care. Make notations of drainage tube locations, etc., as many costly suits have resulted from not having done so.

7. Follow exact orders as touching "observation directions", and the allowance of visitors to enter the room occupied by patients unless permission of attending physician or surgeon is first secured.

8. If physically worn out and liable

to fall asleep at one's post what is the imperative duty of the nurse?

#### Maxims

1. The Golden Rule.
2. Educate your caution.
3. Watch your hand and step.
4. If in doubt give the patient the benefit of the doubt.
5. Do not act until fully assured you are right.
6. Be doubly careful, if mental derangements exist.
7. Never act upon impulse, and as infrequently as possible upon your own judgment, unless directed to do so.
8. Do not trust your memory if an order is given. Write it down or request that it be written and initialed. Verify directions when not plainly written.
9. Never hesitate to ask for information, if in doubt, or explanations when uncertainty exists.
10. Cultivate serenity of temperament, and serve pleasantly, promptly and personally.

*(To be continued)*

## "The Internationals"

WHO that attended the Helsingfors conference was not thrilled by the enthusiasm of "the Old Internationals"—the graduates of the international course in nursing in London? Katherine Olmstead, Director of the Nursing Division of the League of Red Cross Societies, in her talks in this country during her present visit, presents a marvelous picture of this growing force in promoting true internationalism.

The League of Red Cross Societies, now comprising 54 countries, has as one of its objectives, that of collaboration with the member organizations "in the improvement of health, the prevention of disease and the mitigation of suffering." Such a program quite obviously calls for nursing service and the demands, from countries where nursing is yet young, for assistance in meeting

nursing problems, particularly in establishing public health nursing, have been insistent.

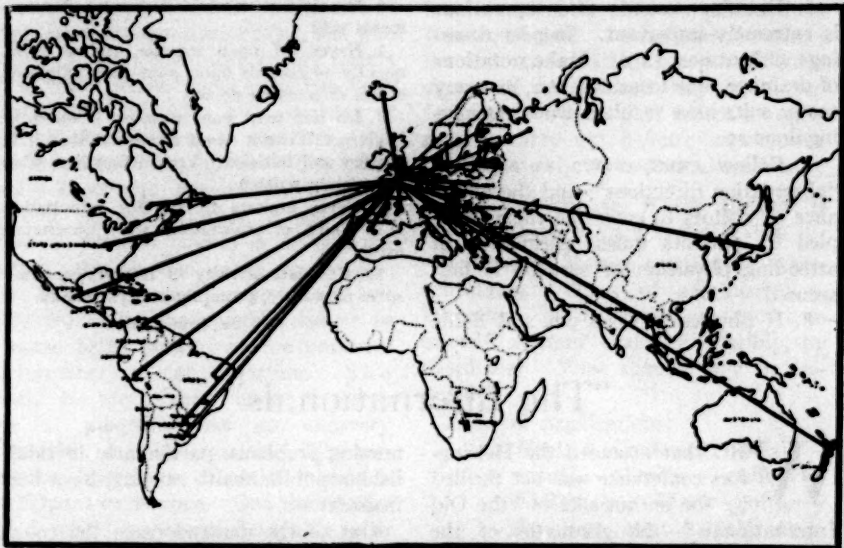
Out of the demand came the course established some six years ago by the League and now conducted at Bedford College in coöperation with the College of Nursing Ltd., in London. London was chosen because it is accessible for a majority of the countries desirous of sending nurses and because it has many splendid nursing facilities to offer.

Eighty-five nurses from thirty-seven countries have taken the course or, one should perhaps say, courses since the work has to be adapted to the capacities and the needs of practically every student. It is not surprising to find that a public health nursing course alone did not meet all the needs, and in 1924 a course for administrators and teachers in schools of nursing was added in order

to emphasize health in the training of nurses.

The problems of finance for these students and the countries which send them is an extremely serious one. Eager women have been known to arrive from great distances with almost no surplus above actual tuition. In order to reduce the living cost to a minimum, the

ism finds root. In the graduates the Alumnae spirit of fellowship is developed to the nth degree, perhaps best described by an actual occurrence last year when an "Old International" working in Switzerland, finding that a classmate in Italy was experiencing some difficulty in establishing work that seemed important to them both, voluntarily de-



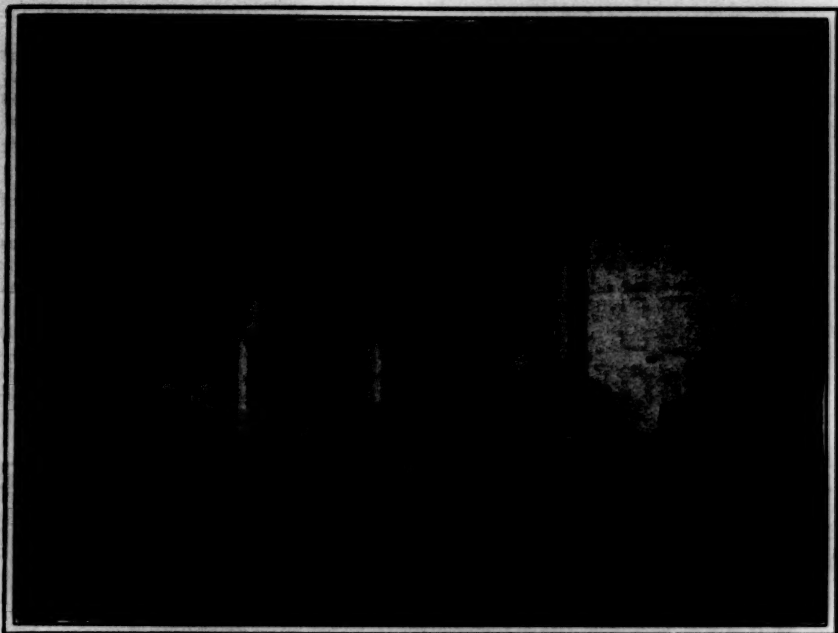
Eighty-five nurses from thirty-seven different countries have completed the International Courses in London. Twenty-one are now studying there.

house at 15 Manchester Square was secured for a residence during the course. There one finds a marvellous blend of the culture of all countries with the gracious and finished hospitality of England. A true international flavor is given by the furnishings of the students' rooms, for a number of the National Red Cross Societies have already equipped rooms with characteristic furnishings and decorations. Not yet is there anything distinctively American there!

It is in this favorable soil that so much of the true spirit of International-

voted her own vacation to working with the sister across the border! Stories of the achievements of these nurses revive the faith of the most pessimistic as to the enduring quality of the spirit of service. There is, for instance, Gudney Jonsson of Iceland, graduate of an American school, who dropped quite out of sight for eight months because she would not communicate with her teachers until she had something constructive to report but, when the story came, it was one of amazing wonders worked in a country that was indeed ripe for the harvest.





THE DRAWING ROOM, 15 MANCHESTER SQUARE, LONDON

"Fifteen Manchester Square" houses these women for only a brief space. It remains enshrined in their memories, and for many who never hope to be

"Old Internationals" but who are internationalists at heart, it is one of those truly happy homes which, once visited, can never be forgotten.



### Our Contributors

Arthur H. Ruggles, M.D., as Superintendent of Butler Hospital, Providence, long since demonstrated his interest in and support of "100% nursing." He is this year on leave of absence to help in establishing a department of psychiatry in the School of Medicine at Yale University and is consultant in Mental Hygiene to the University Department of Health. His article reminded us of several of our own failures that once seemed unexplainable.

The charming greeting to the graduates of '26 was written for the *Journal* by Carrie B. Weed, R.N., instructor in the Women's Christian Association Hospital, Jamestown, N. Y.

W. D. Sansum, M.D., is Director of the Pot-

ter Metabolic Clinic, the Research Department of the Santa Barbara Cottage Hospital, Santa Barbara, California. The important and interesting work he describes was supported in part by a special insulin grant from the Carnegie Corporation of New York.

C. S. Chase, M.D., is Professor Emeritus of Materia Medica and Pharmacology of the State University of Iowa. His carefully compiled lecture on Jurisprudence has been most useful to students in that School of Nursing and is published in response to requests for material on the liability of nurses.

As all the nursing world knows, Anna C. Jammé, R.N., is Director of the Bureau of

Nurse Registration of California, a state so attractive to nurses that the problems of reciprocity are numerous and vital.

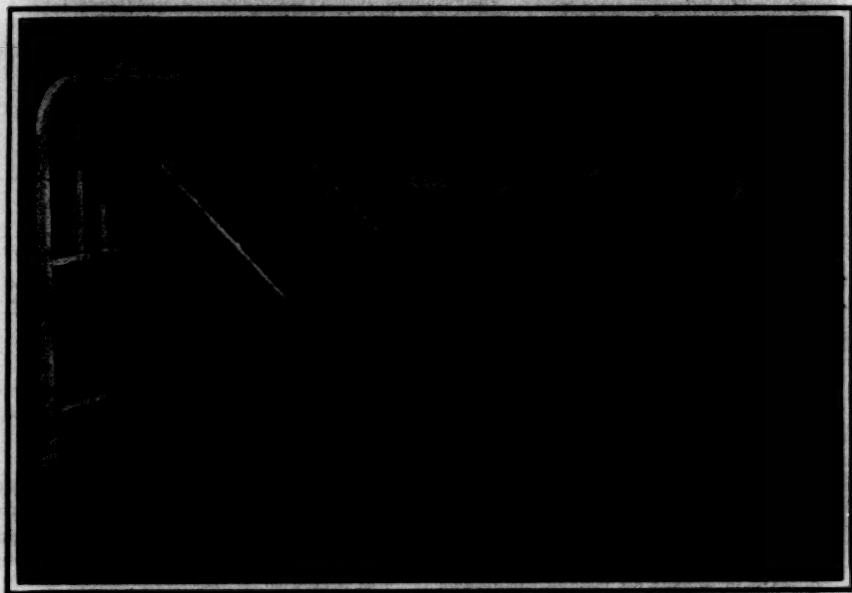
Myra B. Cosever, R.N., Assistant Superintendent of the Huntington Memorial Hospital, Boston, has had, in addition to her course in the School of the Boston City Hospital, special courses at Boston University and Harvard University.

Bertha M. Wood would like to know what *Journal* readers want next. Feeding Children? Diet in Constipation? Or what?

Frances Smith Dean gained wide knowledge of and interest in nurses when she was employed as a writer by the American Red Cross. Even experienced travelers will find useful suggestions in Travel Tips.

Harry Biddle, C.M.A., is head of the Science Department, Glenville High School, Cleveland, Ohio, and speaks from first-hand knowledge of teaching nurses, as he is Instructor in Chemistry to the Western Reserve School of Nursing.

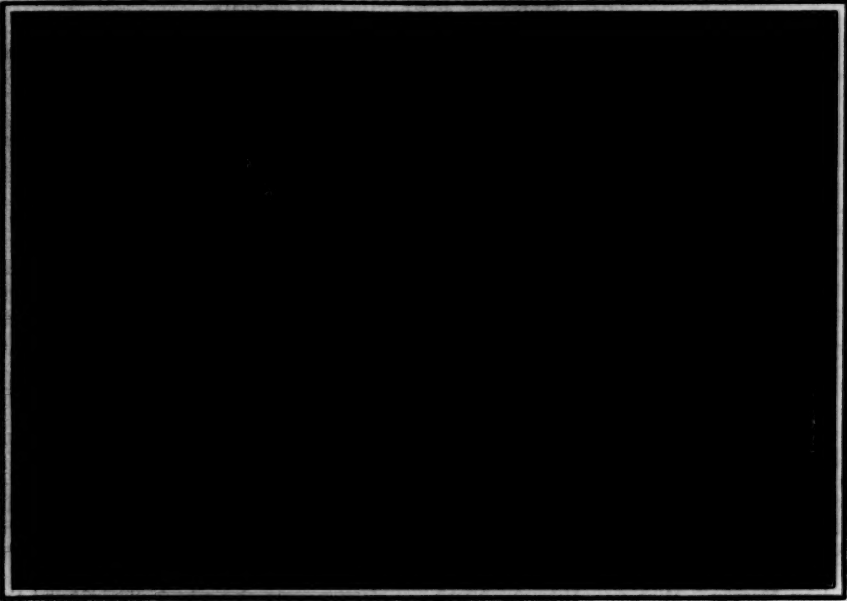
The lovely conception of "The Lady of the Lamp" (editorial) as a light and life-giving force carried through the years by the followers of Miss Nightingale was prepared for the *Journal* by Dr. Lenna L. Meanes, Medical Director of the Woman's Foundation for Health. The Foundation's program at Atlantic City will be Health Positive, and Miss Goodrich will speak on The Nurse as a Teacher of Positive Health.



### A New Bed Table

THE beautiful new Vanderbilt University Hospital, at Nashville, has been planned with meticulous thought for the comfort of patients. For example, it is equipped throughout with specially built beds which have all the admirable qualities of Gatch beds and,

in addition, a bed table which is unique. This table, as shown, is available for instant use. It can be pushed to the foot of the bed and so is completely out of the way when not needed. It provides for placing the tray, for books, or for writing



materials. It offers valuable support for patients, such as cardiacs, as a relief from the upright sitting posture. Corners cannot be turned with quite

such precision as on other beds but this is a minor consideration when compared with the greatly increased comfort of the patient.

## State Registration and the Twenty-eight Months' Course

BY ANNA C. JAMME, R.N.

THE State of California, in 1921, amended the Nurse Registration Act changing the required length of course from three years to twenty-eight months, and providing for advanced courses under certain conditions. The law became effective July 1, 1923. Students are now graduating from the twenty-eight months' course and the question is presenting itself: What will be my status in another State?

In order to answer authoritatively, this question, each State has been requested to answer the following questions:

A. Will you register, *without examination*,

a nurse who holds a California certificate, granted on examination, on a twenty-eight months' basic course?

B. Will you *admit to examination* a nurse who holds a California certificate, granted on examination, on a twenty-eight months' basic course?

C. Will you register, *without examination*, a nurse who holds a California certificate, granted on examination, on a twenty-eight months' course, and who has had, in addition, an advanced course or courses covering eight months, and following immediately on the basic course?

D. Will you *admit to examination* a nurse who holds a California certificate, granted on examination, on a 28 months' basic course, and who has had in addition an advanced course, or courses, covering eight months and following immediately on the basic course?

**E.** Will you register, either with or without examination, a nurse who has had a twenty-eight months' basic course, and who subsequently takes a postgraduate course covering eight months?

**F.** Will you register either with or without examination, only such nurses as are graduated from a school having a three-year course and who have a three-year diploma?

The result obtained may be of interest at the present point of discussion on the twenty-eight months' course.

#### Question A.

States responding Yxs: 21.

States responding No: 25.

**Yes:** Arizona, Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Oklahoma, Oregon, Pennsylvania, Virginia, Wisconsin, Maine, Michigan, Mississippi, Missouri, New Hampshire, New Jersey, New Mexico, South Carolina, Texas and Washington.

**No:** Alabama, Colorado, Florida, Georgia, Idaho, Maryland, Minnesota, Nebraska, North Carolina, Ohio, Tennessee, Vermont, Wyoming, Indiana, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Montana, Nevada, North Dakota, South Dakota, Utah and West Virginia.

#### Question B.

States responding Yes: 23.

States responding No: 21.

**Yes:** Arizona, Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Maine, Maryland (if High School Graduate), Michigan, Mississippi, Missouri, New Hampshire, New Jersey, New Mexico, Oklahoma, Pennsylvania and South Carolina.

**No:** Colorado, Florida, Georgia, Kentucky, Massachusetts, Montana, North Carolina, Ohio, Utah, West Virginia, Idaho, Indiana, Iowa, Kansas, Louisiana, Minnesota, Nebraska, North Dakota, South Dakota, Vermont and Wyoming.

#### Question C.

States responding Yes: 37.

States responding No: 8.

**No:** Colorado, Georgia, Nebraska, Tennessee, Indiana, Iowa, Nevada and Vermont.

#### Question D.

States responding Yes: 40.

States responding No: 5.

**No:** Colorado, Georgia, Vermont, Indiana and Iowa.

#### Question E.

States responding Yxs: 37.

States responding No: 7.

**No:** Colorado, Georgia, Massachusetts, Vermont, Indiana, Iowa and Pennsylvania.

**Question F.** (Will you register either with or without examination, only such nurses as are graduated from a school having a three-year course and who have a three-year diploma.)

States responding Yes: 21.

**THREE YEARS REQUIRED IN LAW.**—Colorado, Florida, Georgia, Idaho, Louisiana, Massachusetts, Montana, Ohio, Tennessee (with examination), Wyoming, Nebraska, Indiana, Iowa, Kansas (30 months), Maryland, Minnesota, New Hampshire, South Dakota, Utah, Vermont and Arkansas (with examination).

States responding No to A, B, C, D and E: Colorado, Georgia, Indiana, Iowa and Vermont.

New York registers only applicants whose schools are registered by the Regents of the University of the State of New York.



## A Missing Nurse

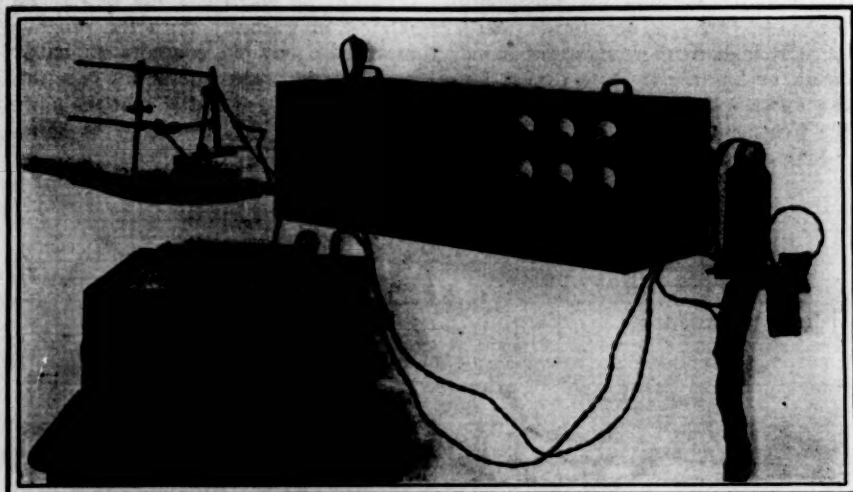
**L**IEUTHENIA H. ANDERSON, according to the U. S. Veterans' Bureau, has been missing since March, 1923. She has had various neuropsychiatric diagnoses and "is very bitter toward the Bureau." The missing nurse is described as "about thirty years of age, weight about one hundred forty pounds, and is about five feet six inches in height, of slender build. She has brown hair and blue eyes, her skin is dark brown, and she has a very prominent dimple in her chin. She wears glasses. She has had a gall bladder operation and has an abdominal scar as a result."

Anyone having knowledge of Miss Anderson and having her welfare at heart is asked to communicate with Joseph McNamee, Regional Office, U. S. Veterans' Bureau, Wichita, Kansas.



# Diathermy from the Nurse's Point of View

By MYRA B. CONOVER, R.N.



HIGH FREQUENCY MACHINE WITH ELECTRICAL HEAT CONTROLS

**T**HE medicine man, ever alert to find new remedies, tries every physical energy discovered by the physicists; and because our bodies are physical as well as chemical machines, it is not surprising that in the application of certain of them he has met with success. Through his activities, modern medicine has become possessed with a large number of new therapeutic agents. Nowadays there is a great deal of interest in the use of electrical energy in the form of high frequency alternating current. In this paper we will endeavor to outline some of the principles upon which this therapeutic practice rests, with the belief that this information will be of value to the nurse, for if she is not connected with a modern hospital, she is handicapped by a lack of knowledge of the principles of these new agents, when she is obliged to compete with her more fortunate sisters.

The American Medical Association

has recently appointed a council, similar to the council on drugs, to standardize these new therapeutic physical agents. The basic principles are so deeply embedded in the fundamental sciences, that this council has found it necessary to consider the proper training of the clinician.

It has always been the duty of the nurse to make the preparations and carry out the treatments when outlined by the doctor. While the actual application of physical agents may call for a higher degree of skill and training than the nurse's education has given her, yet it is still her duty to make these preparations and to carry out these treatments. To do this she must, at least, know something of the nature of the physical agents, how to assemble the apparatus used in its application, and how to determine whether or not the desired results are being obtained.

We can readily see that soon the nurse must be familiar with electricity.

The surgeon examines his patient. He makes his diagnosis. If an operation is indicated, he signifies his intention to the nurse. He does not stop to instruct her. If high frequency current is indicated, he has the right to expect from the nurse independent preparation for the treatment.

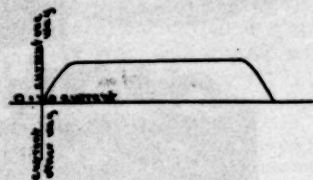
Suppose he is going to use electro-

very thorough knowledge of anatomy, and a high standard of ethics. Her success will be insured if she has a real interest in science. With the progress of science, our old concepts of matter have proved inadequate and it is to this new philosophy of matter that the nurse interested in high frequency is introduced.

Figure 1.

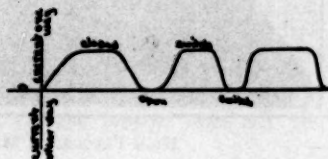


Direct Current.



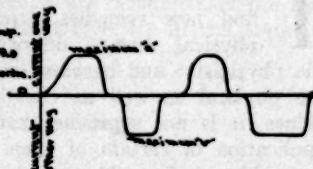
Interrupted Direct.

The time interval in opening and closing which appears the curve of line representing current 'on' and 'off'.



Alternating Current

By throwing the switch to a the current passes directly around the second loop. but thrown to b the opposite way thru the wire. Time interval also appears these curves.

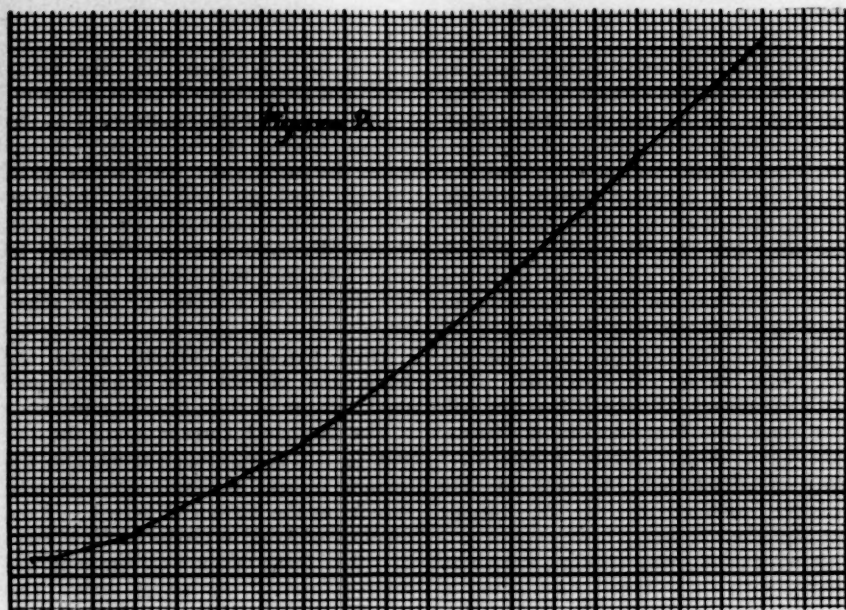


coagulation. The nurse should be able to "hook up" the machine, adjust the various controls, and test the connections. She should prepare the patient, adjust the inactive electrodes, and attend to proper insulation. Or, say it is a case of vaginitis, the doctor goes into the treatment room expecting to find the apparatus and patient ready for him to insert the active electrodes, and to specify the dosage, which the nurse will give. For certain other conditions, he may, after each examination, delegate the treatment entirely to the nurse.

For the American nurse this opens a comparatively new field, one which will call for her best nursing technic, a

What is a high frequency alternating current as used in medicine?

If the poles of an ordinary dry cell are connected with each other by a wire, an electrical current flows through the wire. This is the "direct" current. If the connection of the wire with one of the poles of the battery is broken repeatedly, an "interrupted direct" current flows through the wire. A mechanical device might be made which would rotate the battery in such a manner that the poles of the battery connected with the wire would be repeatedly reversed. An "alternating" electrical current would then flow through the wire.



The electrical currents supplied by city power plants may be either direct or alternating. Most cities are supplied with alternating currents. In the ordinary alternating house circuit the current changes its direction of flow one hundred and twenty times per second. Each double change of direction is called a cycle. Therefore, the house circuit is a 60-cycle current. In the high frequency current used in therapy, the current changes its direction of flow several million times per second. No physiological effects, other than those resulting from heating, are known to be produced by this type of current. When passing an alternating current of low frequency through the body, each change of flow, if the strength of the flow is sufficient, will stimulate. This stimulation is dependent upon two factors; one is the frequency of the change of flow, and the other, the amount of current passing. The amount of current that can be passed without producing stimulation increases as the fre-

quency of the change of flow increases. Therefore, high frequency must be used if we want to pass a large amount of current through the body.

In this figure, the amount of current is measured along the vertical line and the frequency of the change of flow is measured along the horizontal line. The curved line is the tolerance line, as it shows the relation between the amount of current and the frequency of the change of flow. No numerical scale has been applied in the figure because of a lack of reliable data. We do know, however, that as the amount of current increases, the frequency of the change of flow must be increased, if stimulating effect is to be avoided.

By amount of current, we refer, of course, to the amount of current flowing through a unit cross section of tissue. If one mass of tissue has twice the cross section area of another mass of tissue, twice as much current can be passed through it, without exceeding its tolerance.

The high frequency current used in therapy, alternates several million times per second. When currents of such high frequencies pass through a metallic conductor, such as a copper wire, the electrical flow is confined almost entirely to the surface of the wire. The physicist calls this the "skin effect" of high frequency current. But when high frequency currents are passed through conducting solutions, and the tissues of the body are similar to conducting solutions, no "skin effect" is observed. The high frequency current flows through the mass of the solution or tissue, just as a direct current would. Its path is determined entirely by the relative conductivity of the various parts of the solution. If two vessels containing a conducting solution were connected with each other by a number of glass tubes, each containing a solution having an electrical conductivity different from the others; and if the vessels were connected to a source of high frequency current in such a manner that the current would flow through the glass connecting tubes, most of the current would flow through that tube which contained the best conducting solution.

If, on the other hand, the tubes were filled with solutions having equal conductivities but different from each other in their internal diameters, most of the current would flow through the tube having the greatest lumen.

And, again, if the connecting tubes had an uneven bore, that is, were constricted at some place along their length, the constriction would act as a resistance and impede the flow of the current.

All of this applies directly to the passage of a high frequency current through the body, for the various body tissues vary in their ability to conduct the high frequency current, they differ in their cross section and are shaped into many constrictions.

It is for this reason that the nurse must add to her knowledge of anatomy, the knowledge of the conductivity of the various tissues, otherwise, she will not know the paths which the current takes through the body; and by an improper placing of the electrodes, she may lead the alternating current into the body in such a manner that certain tissues will carry currents in excess of their tolerance.

High frequency currents which are below the physiological tolerance are used because of their heating effects.

The electrical current heats the tissues as it passes through them, and the amount of heat produced increases very rapidly as the current increases. If the amount of heat is produced in a mass of tissue faster than it is removed, the temperature of the tissue rises. The heat is removed by radiation, by the blood stream, and by conduction to the surrounding tissues. If the current passes through a small area, the heat loss is less, hence the rise of temperature is higher.

In using the high frequency current the entire volume of the tissue through which the current passes is heated. The physiological effects are quite different than when tissues are heated by external applicators, for external applicators heat only the surfaces to which they are applied. If a high frequency of sufficient strength is used, the tissues may be heated to destructive temperatures. They may be coagulated, they may be dehydrated, or they may be carbonized.

When high frequency current is used to warm the tissue to temperatures within physiological limits, the process is called diathermy. The destruction of the tissue by the high frequency is usually referred to as electro-coagulation.

Briefly stated, the effects produced by high frequency current are as follows:



**Diathermy.**

1. Elevation of temperature.
2. Increased secretion of glands; this is very marked in skin and mucous membrane.
3. Change in metabolism.
  - a. Blood is warmed.
  - b. Respiration is increased.
4. Effects on vasomotor mechanism.
  - a. Walls of blood vessels relax.
  - b. Capillaries expand with resultant
    1. edema.
    2. diapedesis
  - c. Destroys bacteria (?)

**Electro-coagulation.**

1. Kills—cauterizes.
  - a. Destruction of tissue.
  - b. Seals openings of blood vessels and lymphatics.
  - c. Prevents shock.

The dosage in drug therapy is for the nurse a fairly simple process. The doctor orders a certain drug. It usually comes to her ready for administration. In physical therapy, on the other hand,

to give the dose is a complicated procedure, and cannot be done intelligently unless the nurse has familiarized herself with the basic principles such as those outlined above, upon which the therapeutic practice rests.

***Diathermy is applicable to diseases of:***

1. The circulatory, nervous, muscular and respiratory systems.
2. Digestive tract diseases.
3. Urogenital diseases.
4. Joints.
5. Skin pathologies.

***Electro-coagulation is applicable to:***

1. Superficial Lesions: Telangiectases, port-wine marks, flat warts, moles, naevi, acne, freckles, urethral caruncle, xanthoma.
2. Papillomata of the skin and mucous membranes.
3. Chronic or malignant ulcerations involving the skin or mucous membranes.
4. Malignant growths.
5. Benign and vascular tumors.

<sup>1</sup>Courtesy of Victor X-ray Corporation.

## Calculating a Nephrosis Menu

BY BERTHA M. WOOD

**N**EPHROSIS is a disease which may be confused with nephritis. It is not a disease of the kidney but is a disturbance in which the cells of the tubules are diseased and degenerated.<sup>1</sup>

In nephrosis, albumin appears in the urine and as a consequence of this excretion the blood albumins fall far below normal. Not only is it found that there is a decrease in the percentage of albumin in the blood but also that the fat content of the blood rises much higher than it normally is. The disease is often accompanied by anemia and edema.

<sup>1</sup>Further Observations on the Nature and Treatment of Chronic Nephrosis by Albert A. Epstein, M.D.—From the *American Journal of the Medical Sciences*, Feb., 1922, No. 2, vol. cxliii, p. 167.

Nephrosis may be caused by some toxic condition or by a lack of vitamins in the diet.

By proper diet the cells may be rebuilt and a cure effected in from six months to two years if the nuclei of the cells are not destroyed.

The only medicine usually given is thyroid which appears to neutralize certain substances in the tissues with good results.

The treatment in nephrosis includes a high protein diet, usually from 120 to 240 grams per day being given. The diet is difficult to work out, as the fats are kept low, 20 to 40 grams being given, and the carbohydrates are purposely reduced to compel the patient to use the protein and fat. This diet lessens the edema and restores the proteins in the blood.

As meat usually contains a large amount of fat, it has to be used sparingly. If the patient will eat fish frequently it is a great help, as some fish is very low in fat and high in protein. By preparing the same kind of fish in various ways, variety may be introduced into the diet. Here the idiosyncracies of the patient must be taken into consideration.

For example, filet of sole is one of the high protein, low fat foods. It can be broiled one day, baked in tomato juice another, and boiled with chopped onions and carrots a third. Another high protein and low fat food is Dutch or cottage cheese. This may be served on lettuce with a little vinegar or served in a boiled green pepper or in a tomato scooped out. Egg white, which is almost entirely protein, may be poached on toast, baked in a tomato shell or in a carrot cut in two, with the large end scooped out, or beaten stiff and made into the various fruit snows or whips.

At first it seems almost like an endless task to memorize or learn the food value of various foods but this is not a fact.

Certain foods are standard in all diets and when their values are once learned, it is interesting to see how many times they repeat themselves. Take, for instance, an egg, the food value of which is P-7 C-O F-5. The white has 4 grams of protein. When making apple snow, prune whips or other fruit whips, one can easily figure the number one desires to use to raise or decrease the protein.

Skimmed milk will be used in a nephrosis diet, being high in protein and low in fat. 100 grams equal P-3 C-5 F-O. In making vegetable soups this would be used, or an egg white may be poached in skimmed milk and the hot milk added to the toast.

It is not altogether easy for the nurse to arrange a nephrosis diet, neither is it as comfortable for a patient to take as some other diets, but it's the only known way of replacing the protein and lowering the fat in the blood.

The physician's prescription might read P-200 C-200 F-25. The following diets comprise two days' menus for this prescription:

BREAKFAST	Grams	Approx. Amts.	P	C	F	Calories
Grapefruit -----	100	½	1	8	--	36
Egg whites poached -----	--	3	12	--	--	48
in Skimmed milk -----	100	½ cup	3	5	--	32
on Toast -----	40	2 slices	2	20	--	88
Butter -----	6	½ tablespoon	--	--	6	54
Skimmed milk -----	200	1 cup	6	10	--	64
MID-MORNING LUNCH						
Skimmed milk -----	200	1 cup	6	10	--	64
Egg whites -----	--	3	12	--	--	48
DINNER						
Filet of sole -----	200		28	--	1	121
Baked potato -----	100	1 medium	3	25	--	112
Hot skimmed milk -----	100	½ cup	3	5	--	32
Butter -----	12	1 tablespoon	--	--	12	108
Peas -----	200	1 cup	8	10	--	72
Cottage cheese -----	50	1/3 cup	11	2	--	52
Lettuce -----	--	2 leaves	0	0	0	--
Apple snow-----						
Apple sauce without sugar -----	50	¼ cup	--	10	--	40
Egg whites -----	--	2	8	--	--	32
MID-AFTERNOON LUNCH						
Skimmed milk -----	200	1 cup	6	10	--	64

## SUPPER

Chicken, lean	200	4 slices	50	--	6	254
Spinach	200	1 cup	4	6	--	40
garnished with chopped Egg whites	--	3	12	--	--	48
Lima beans	200	1 cup	8	30	--	152
Boiled potato	100	1 medium	3	20	--	92
Hot skimmed milk	200	1 cup	6	10	--	64
Fruit nest—						
Egg whites	--	2	8	--	--	32
Sugar	12	1 tablespoon	--	12	--	48
Chopped peach and grapes	50	½ cup	--	5	--	20
			200	198	25	1817

## BREAKFAST

	Grams	Approx. Amts.	P	C	F	Calories
Orange juice	200	1 cup	--	28	--	112
Coddled egg whites	--	3	12	--	--	48
Toast	40	2 slices	2	20	--	88
Butter	6	½ tablespoon	--	--	6	54
Skimmed milk	200	1 cup	6	10	--	64

## MID-MORNING LUNCH

Skimmed milk	200	1 cup	6	10	--	64
Egg whites	--	3	12	--	--	48

## DINNER

Steamed breast of chicken	600	1 breast	75	--	6	354
Gravy made with skimmed milk	200	1 cup	6	10	--	64
Mashed potato	100	½ cup	3	20	--	92
Lentils	200	1 cup	18	20	--	152
Chocolate junket—						
Skimmed milk	200	1 cup	6	10	--	64
Chocolate, sweet	20		1	12	3	79
½ junket tablet	--		--	--	--	--

## MID-AFTERNOON LUNCH

Skimmed milk	200	1 cup	6	10	--	64
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## SUPPER

Escalloped fish—						
Boiled cod	150		28	--	1	121
Skimmed milk	100	½ cup	3	5	--	32
Crackers	20	3	2	15	2	86
Jellied peas—						
Peas	100	½ cup	4	10	--	56
Gelatin	12	1 tablespoon	12	--	--	48
Lemon juice	--	1 tablespoon	--	1	--	4
Bread	20	1 slice	1	10	--	44
Butter	6	½ tablespoon	--	--	6	54
			203	191	24	1792

Some of the recipes used in the menus are as follows:

## APPLE SNOW

¼ cup apple sauce without sugar  
2 egg whites

Beat egg whites until stiff and dry; fold in apple sauce. Serve in a glass dish with a garnish of cherry or angelica.

## FRUIT NEST

2 egg whites  
1 tablespoon sugar  
½ peach  
12 grapes

Beat egg whites stiff and dry; add sugar and arrange on pan in shape of nest. Place in oven for 2 minutes to brown. Chop or cut up fruit and place in nest when cold.

Skimmed milk or Protein milk may be varied with cinnamon or nutmeg sprinkled on top or made into junket or clabber.

## ESCALLOPED FISH

150 grams boiled cod  
3 crackers  
1 teaspoon salt  
½ cup skimmed milk

Place layer of fish flakes in small casserole, then layer of cracker crumbs. Repeat, adding

salt to each layer until dish is full. Then add milk to moisten. Bake until brown. Serve hot with a garnish of parsley, slice of tomato or chopped green pepper.

#### CHICKEN GRAVY

- ½ cup chicken broth
- ¼ cup chopped chicken breast
- 1 teaspoon flour
- 1 cup skimmed milk

Heat chicken broth and add chopped chicken and flour. Stir constantly. Add milk slowly and boil 2 minutes.

#### JELLED PEAS

- 1 tablespoon gelatin
- 1 tablespoon lemon juice
- ¾ cup hot water
- ½ cup peas

Add gelatin to lemon juice, then add hot water. When gelatin has dissolved, add peas. Pour into an attractive mold and when set turn out on a lettuce leaf.

As in other dietary treatments the patient with nephrosis has to be taught that the daily menu is treatment for the disease and he must be encouraged to take all the food prescribed. If any is not consumed it must be weighed and the amounts subtracted from the prescription given so that the physician in charge may know the actual intake.

The next article in this series will be a diet for gastro-intestinal disturbances.



### Addresses Wanted

**C**OPIES of the 1925 Annual Report of the National League of Nursing Education, mailed to members listed below, have been returned because of incorrect address. If these members will promptly notify Headquarters, National League of Nursing Education, 370 7th Ave., New York, N. Y., of their proper address, their reports will be forwarded at once. The addresses given are the last ones known:

Lydia H. Billings, 417 W. 118th St., New York, N. Y.; Mae Charlick, Noble Hospital, Westfield, Mass.; Florence E. Newell, Shepherd & Enoch Pratt Hospital, Towson, Md.; Anna R. Essig, Homeopathic Hospital, Reading, Pa.; Ione Orr, New Hampshire State Hospital, Concord, N. H.; Anna E. Schapp, State Hospital, Scranton, Pa.; Margaret Buckner, 207 Pittsboro St., Chapel Hill, N. C.; Martha R. Owen, 1715 Virginia Place, N. E., Canton, Ohio; Mary Olive Jerney, Burbank Hospital, Fitchburg, Mass.; Eileen M. Young, Milford Hospital, Milford, Mass.; Helen J. Burns, City Hospital, Fall River, Mass.; Mrs. Maude R. Borda, 200 N. 4th St., Reading, Pa.;

Edith Marie Bergeson, Evanston Hospital, Evanston, Ill.; Mary H. Culbertson, 2650 Wisconsin Ave., Washington, D. C.; Louise Loney, Noble Hospital, Westfield, Mass.; Cora Beatrice Aaron, School of Psychiatric Nursing, Chicago, Ill.; Althea A. Clark, 149 W. Superior St., Chicago, Ill.; Anna L. Alline, Memorial Hospital, Albany, N. Y.; Anna W. Smith, Providence City Hospital, Providence, R. I.; Beatrice Anderson, Evanston Hospital, Evanston, Ill.; Inez A. Bates, King's Daughters' Hospital, Ashland, Ky.; Lucy C. Draeger, 1810 Mulberry Ave., Muscatine, Iowa; Mildred McCormick, Home and Hospital, Findlay, Ohio; Clara A. Sinclair, Samaritan Hospital, Troy, N. Y.; Catherine A. Conrick, Framingham Hospital, Framingham, Mass.; Clara M. Adams, Wichita Hospital, Wichita, Kansas; Theresa Lorenz, Wichita Hospital, Wichita, Kansas; Frieda C. Off, Longmont Hospital, Longmont, Colorado; Margaret Adelia Meader, Longmont, Colorado; Elizabeth Ann Asseltine, Victory Memorial Hospital, Waukegan, Ill.; Ida R. Falconer, St. Luke's Hospital, Spokane, Wash.; Harriet Jones, Cass County Hospital, Logansport, Ind.



# Tips On Traveling<sup>1</sup>

BY FRANCES SMITH DEAN

**T**RAVEL or change of climate is frequently prescribed during certain stages of convalescence. Sometimes it is necessary to move a sick person from one part of the country to another. Sea voyages are often recommended. In any of these instances the private duty nurse who has done comparatively little traveling herself is confronted with the problem not only of what to take for herself and her patient, but how to pack securely and conveniently the articles needed en route and at the journey's end.

Particularly perplexing is the technic of packing the medicines and special foods that may be needed during the trip and of providing the means for heating such as must be served hot. Availability of ice, sterilized water, wheel chairs, stretchers, etc., are important items to be considered. The inexperienced nurse is puzzled as to whether or not to travel in uniform. The question of what sort of hand luggage is best adapted to her special requirements is another baffling problem.

To meet these needs, the *Journal* has interviewed a number of nurses experienced in the art of traveling with patients and has appealed for practical suggestions on the technic of packing and transportation to experts in the luggage departments of leading New York shops. One general rule has been laid down both by members of the profession who have seen service in foreign fields and by authorities on modern baggage, i.e., "Travel with as little luggage as possible."

To know what to discard and how to minimize, in medical and food supplies as well as in personal belongings, is the sign of the seasoned traveler.

<sup>1</sup>Illustrations through courtesy of Henry Likly & Company (Likly Luggage), New York.

As soon as the nurse is informed by the attending physician that the patient must have a change of scene or climate, her first duty should be to learn all she can concerning the destination and the transportation facilities thereto. She should ascertain what sort of clothing and supplementary bedding the exigencies of the journey and the climate of the place to be visited will require; whether the special foods prescribed may be obtained easily en route, if the journey is a long one; how to cope with such emergencies as hemorrhage on train or shipboard: in general, to practise that forehandedness which is a part of every nurse's training. It goes without saying that the nurse will attend to all the details of transportation, buying the tickets, attending to the baggage, arranging for forwarding of mail, etc. She should also help to make the journey pleasurable and interesting by posting herself on the high spots of the countries traversed.

Whatever she is able to do to relieve the patient's mind of anxiety and ennui will, by that much, contribute to the beneficial effects of the trip and to turning the patient's mind into new and wholesome channels. A pack of playing cards is a traveling companion not to be despised. Reading matter should be chosen to suit the patient's individual taste. Books and magazines need not be an integral part of the luggage, but may be purchased on the train.

As a matter of fact, the railroad companies in this country are prepared to give highly efficient service in the care of sick persons. Most of the Pullman cars on the transcontinental trains employ as maids only those who have had the Red Cross course in Home Hygiene and Care of the Sick, as well as instruction in First Aid. Their intelligent

coöperation may be counted on if the patient requires extra attention. To establish at the outset friendly relations with such employes and to enlist the sympathies of the conductor and the dining room steward is to oil the machinery of transportation. The former has standing instructions from his division manager to give every assistance in his power to sick persons. This extends even to wiring, free of charge, to the station master at the desired stop to have ready wheel chair, stretcher, ambulance, a nurse and physician,—whatever the occasion demands. At all the important terminals are regularly equipped hospital and surgical rooms for emergency use, with a physician and a nurse on duty throughout the twenty-four hours for special calls. It is to the credit of our great railroad systems that this is a free service, maintained for the comfort and safety of passengers and supervised by physicians and nurses of highest professional standing.

In all the principal cities of the country, Travelers' Aid representatives are to be found in the stations. They are always ready to coöperate with the nurse if the condition of the patient makes a stop-over with the care of a local physician advisable.

When traveling abroad, most of these above-mentioned services must be ordered through a courier. On shipboard, the stewards and stewardesses will perform them. These existing facilities not only contribute to the safety and convenience of the journey but materially lessen the expense, a point that the thoughtful nurse will always consider. Unlimited means are the privilege of few. Usually the patient must practise economy in order to take the journey the physician has recommended. In her zeal to make that journey comfortable, the nurse sometimes errs on the side of extravagance. It is well, therefore, to remember that having at hand

the wherewithal for making a refreshing iced lemonade or a hot drink will cut down substantially the bill for extras.

Actual preparation for the journey begins with the instructions of the physician in charge as to what special medicines, appliances and foods the patient will need during transit. To these one experienced traveled nurse adds all the following:

One douche bag. Two hot water bags, this in case the patient needs one for her feet and the other for the relief of pain. Ten yards of plain absorbent gauze. Two pounds of absorbent cotton. One roll of adhesive tape, five yards long by three inches wide. Six assorted sized bandages, from two to three inches in width. One hypodermic syringe. One tube of Strych. Sulph. 1/60, (for emergency use only). One tube of vaseline. One vial containing 100 tablets calomel and soda, 1/10 gr. One vial containing 50 tablets of aspirin, 5 gr. One-half pound of Squibb's soda bicarb. One eight-ounce bottle of castor oil. One four-ounce bottle aromatic spirits of ammonia. One four-ounce bottle of witch hazel. One two-ounce bottle of tincture of iodine. One two-ounce bottle of spirits of camphor. Two thermometers (one for rectal use, if necessary). One graduated medicine glass. One drinking cup. One spoon. One knife (to be used as a fruit knife).

It will be noted that no sterilized gauze or dressings are specifically mentioned. This is because they would come under the designation of articles individually prescribed for the patient. When suitable alcohol is not easily obtained, the patient may be sponged off with clear water. Where the condition of the patient indicates it, an ice bag should be carried.

If Pullman service is not available all the way, and the nurse must depend upon her own resources to heat water, a Sterno outfit should be included in the hand luggage. Electric points for heating small quantities of water quickly are also excellent for travel. Inasmuch as electrical appliances are well nigh universal the world over, it is practically

certain that means for attaching them will always be at hand. An electric iron, not more than three pounds in weight, more than repays the space it takes up in the hand luggage. The nurse should bear in mind the necessity of having the plugs on her electrical apparatus changed when using them in foreign countries where the current nearly always varies. When such care is not exercised fuses may be blown out.

Small air cushions add greatly to the comfort of the patient and when not inflated occupy little space. It is well to include these also in the hand luggage.

All the above medicines and articles should be carried in a satchel or kit and kept always in the nurse's possession. She should never allow it out of her personal charge. It is her medicine cabinet and emergency kit in one. Her patient's comfort—even her life—may depend upon the accessibility of this piece of baggage.

Thanks to the variety and utility of modern luggage the problem of packing such appliances as those indicated has been reduced to a minimum. There are on the market several types of hand luggage admirably suited to such purposes. Granting that it is more convenient to keep the bottles of medicine in a specially constructed kit, many of which are both inexpensive and practical, the remainder of the supplies may be carried in a Gladstone or Oxford bag or in a suitcase, according to the preference of the nurse. Specimens of these models accompany this article and are elsewhere described.

Remembering the slogan, "Eliminate the superfluous," try to persuade the patient that one suit case or Gladstone bag will be ample for her wardrobe needs in transit and confine your own outfit to the same limits. Each of you will require during the journey a night gown, dressing gown and slippers, changes of



OXFORD BAG

The capacity, lightness and convenience of this piece of luggage make it an ideal investment. Note the pockets, rubberized and washable.



GLADSTONE BAG

This is preferred by many nurses because it breaks in the middle, has a centre division with shirt folds on each side in which uniforms may be carried flat, and its contents are easily accessible.

underwear and hosiery, handkerchiefs and the usual toilet articles. It is foolish to take along quantities of soap, talcum powder, tooth paste and the like, as these necessities of life are on sale all over the civilized globe. Heavy toilet articles also are taboo because they take up too much room and weigh too heavily. For that reason the ornate fitted bag or suitcase is never desirable on a long journey where capacity and

lightness of weight are the chief points desired.

"Most women carry at least twice as much as they really need," states the head of one of the largest baggage specialty shops in New York.

Generally speaking I would lay down this rule for any adult person going abroad. Leave all trunks behind. Take with you only hand luggage. The reason is obvious to anyone who has been overseas. Trunks may be lost for days together. Other countries lack the facilities for speeding up express service which Americans at home accept as a matter of course. Hand luggage is classified as personal baggage and taken directly to one's stateroom or compartment, loaded upon the taxicab and delivered simultaneously with yourself at your *pension*. It is less expensive, less cumbersome, more convenient in every way.

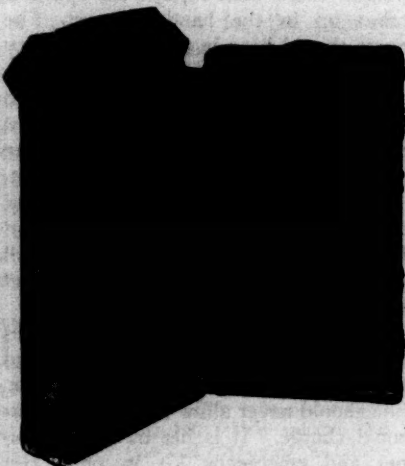
The speaker recommended in the place of a regulation trunk, a large suitcase with removable tray. This, he pointed out, would slide under the berth, be ample to contain an entire wardrobe,—on the premise that the wise woman will limit her needs accordingly,—and even when packed solidly, will still be light enough for a porter to handle.

A hat box, supplementing the suit case, may contain in addition to the hats, such accessories as scarfs, gloves, slippers. The name is a misnomer, for nothing ever invented in the luggage line is so ideally convertible into a week-end bag. Hat boxes of not too flimsy construction will easily hold without undue crushing such extras and personal belongings as go into the conventional "overnight bag," when the various pockets and trayettes with which the newer models are provided are utilized.

"If a trunk must be included, by all means invest in a steamer wardrobe trunk." The same authority continues:

This has all the advantages of its predecessor, the steamer trunk, in that it is light, may be stowed under the berth, and is small enough to be handled without undue profanity by taxi drivers. It is not customary, however, to slide the wardrobe trunk under the berth but to stand it on end, open, in

the stateroom. Its dimensions are such that this is easily done and on all the transoceanic lines, both Atlantic and Pacific, its use in staterooms is now permitted.



STEAMER WARDROBE TRUNK

The small size and weight of this little trunk has made it a favorite everywhere. Nurses in the Orient prefer it because the coolies are able to carry it with ease.

The wardrobe trunk has revolutionized packing. Its popularity has virtually made obsolete the once lucrative occupation of professional packer. Even a scatter-brained school girl can't help packing correctly if she has to put her clothes into one of them. The hangers hold the garments compactly yet free from wrinkles. The drawers make it easy to tuck away small articles. The deep drawer for hats leaves room for little odds and ends, and the shoe compartment and laundry bag speak for their own utility.

There are of course times when a trunk of the old-fashioned box variety is indispensable. Perhaps a patient is being sent to a remote camp where extra bedding, pillows, heavy clothing, thick wraps, ulsters, etc., will be required. Or, if the journey be to the antipodes and for sentimental or other



reasons the patient desires to take with her much of her personal property, the box trunk is admirably suited for storage or supply purposes. In packing it, remember to put at the bottom the heavy articles, reserving the trays for the lighter garments. If these are laid in as flat as possible, with layers of tissue paper folded between them, they will wrinkle so little that an electric iron will soon repair the ravages.

On sea voyages, or for long journeys, such items of luggage as the Zipper pouch or carryall are indispensable. The former is so called because of its "Zipper" top, which opens full length and locks when closed. It is ideal for rough and ready use because, when emptied of its rugs, sweater, cushions, etc., it is collapsible and may be stowed away in small space. While still packed, it makes a serviceable foot stool. Like the carryall it is of stout, waterproof fabric, with a good strong handle.

The older and more familiar carryall should contain the steamer rug, the heavy ulster, sweaters or woollen scarfs, the umbrellas, and perhaps a cushion or two. When packed, rolled up and strapped, it is not too heavy for a woman to manage. Many of them have outside pockets for stationery and books.

In choosing luggage, especially hand luggage, capacity, lightness and durability are the paramount points for a woman to consider. Cloth linings wear better on the whole than the more expensive leather, which dries out and cracks in dry climates and sometimes mildews in tropical temperatures. Solid brass is better than plate, in the finishings, locks, etc., because this does not rust nor turn black in damp weather. The suitcase with an outside strap is a good buy because of the provision thus made for strapping on a sweater, rug or raincoat.

Naturally one does not wish to make

the patient conspicuous by undue ministrations or by appearing in uniform when it is not necessary. For that reason the nurse, when traveling, dresses and conducts herself as much like a member of the family as possible. She should always take pains, however, to assure herself an adequate supply of fresh uniforms at the end of the journey and in choosing her personal hand luggage pick out a type that allows space,—preferably a separate compartment,—for her uniforms. It is here that the electric iron performs yeoman service. A bureau drawer turned upside down, padded with newspapers, a sheet spread over it, may be improvised into an ironing board if no other sort is to be had. Underwear of silk which is easily laundered and which, if stretched carefully while drying and hung over a glass towel bar or metal rod, need not be pressed at all, is really more economical and practical in the long run than the muslin variety which must be ironed and perhaps starched.

Luggage manufacturers interviewed for the material contained in this article have expressed a desire to produce the luggage-perfect, adapted to the needs of the nursing profession and will welcome designs submitted to them along these lines. It is always possible, they assert, if sufficient advance notice is given, to add to stock on hand adjustable straps, extra pockets, special linings, shirt folds, etc.

When special foods are required, a supply, sufficient to carry the patient through to her destination should be put into the hand satchel which we have designated as the nurse's "Emergency Kit." If a number of long stops are to be made en route, extra amounts may be purchased in these towns or, if far from civilization, the manufacturers or a branch store handling the product will usually, upon orders, ship the goods to the points specified. Such commodities

as Malted Milk, Ovalene, health biscuits and the like are on sale virtually all over the world and it is unnecessary to encumber one's self with excess supplies. The nurse should always inform herself in advance whether or not there is any likelihood of being cut off from such supplies. On journeys of more than twenty-four hours' duration powdered milk is invariably indicated. The reasons are obvious. In traveling with children, especially, the powdered milk, prepared with sterilized water, is to be preferred to cow's milk.

Generally speaking, ice for emergency use may be obtained from the dressing room or the dining car. In case of hemorrhage, when every moment

counts, the exact location of these places and the ice containers should be known in advance. Hot water, obtainable either from the lavatory or kitchen, must be available to the nurse at all times. The porter or maid will coöperate with her in obtaining it or, on shipboard, the stewardess will do so. On sea trips or when going into a sunny country, it is well to invest in tinted glasses, both for one's self and the patient, to relieve the eyestrain caused by the glare. Children's eyes should be similarly protected.

Travel with patients demands intelligence, skill, initiative and adaptability but to the nurse possessing these gifts the rewards are many.

## Educational Publicity

### *St. Louis League of Nursing Education Represented at The Women's National Exposition*

THE St. Louis League of Nursing Education took a booth at the Women's National Exposition which was held in St. Louis, February 16 to 22, for two reasons—first, because nursing is certainly a woman's occupation; second, because it was an opportunity to present nursing activities to the feminine public and especially to the mothers of girls interested in the nursing profession. The object of the Women's National Exposition was to demonstrate to the public and create an interest in the various activities in which women have entered. Each day there was a program with women speakers who are leaders in their particular lines. Major Julia C. Stimson was a speaker the first night.

At our booth there were two pamphlets kept out for distribution: A Challenge to the Young Women of America, issued by the National Nurs-

ing Organizations and the American Red Cross; and The Profession of Nursing, issued by the St. Louis League of Nursing Education. Of course, all passers-by took these. Catalogues of the schools of nursing were there for those who wanted them. But our dolls were the greatest attraction. Dolls of uniform size were dressed in the various school and public health nursing uniforms. Each was tagged, so that everyone could see which organization or school was represented. In the rear we had a rural Red Cross exhibit, a miniature set of rooms, very complete, showing activities of the Red Cross nurse. Posters were hung on the sides of the booth, and in the rear was a machine showing, continuously, pictures of public health nursing and pictures of interest from the slides used in connection with the teaching of history of nursing.

The League feels that this exhibit was

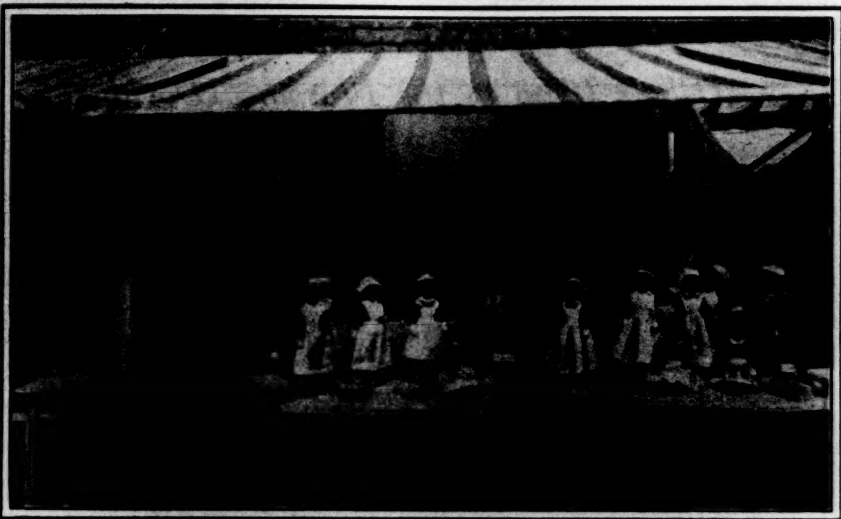


EXHIBIT SPONSORED BY THE ST. LOUIS LEAGUE OF NURSING EDUCATION

worth while. Many people inquired about the schools and the organization of the League, its purpose, etc. Some asked why certain schools were not

represented, and what the uniforms meant. We hope and believe that the many pamphlets taken away will create further interest in nursing education.



## The World Court

ON January 27 the U. S. Senate, by a vote of 76 to 17, passed a resolution providing for the adherence of the United States to the Court on the following conditions:

(1) That such adherence shall not involve any legal relation on the part of the United States to the League of Nations;

(2) That the United States shall participate on equal terms with other nations in the election of judges by the Council and Assembly of the League;

(3) That the United States shall pay a fair share of the expenses of the Court;

(4) That the United States may withdraw from the Court at any time and that the Statute of the Court shall not be amended without our consent;

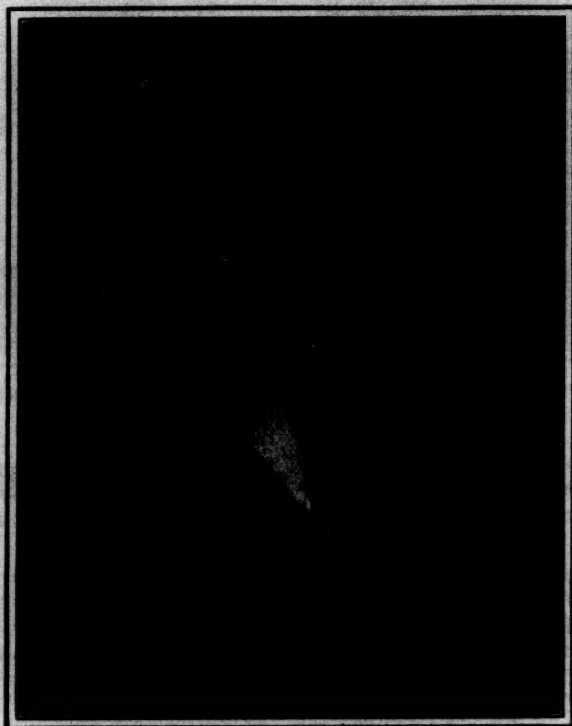
(5) That the Court's advisory opinions must be rendered publicly and that no advisory opinion touching a question in which the United States has or claims an interest shall be given without the consent of the United States. Also that through an exchange of notes the members of the Court

must signify their acceptance of the reservations proposed by the United States before the United States actually adheres. This process may consume some time. Also that in order for a case to be submitted by the United States to the Court there must be a two-thirds vote of the Senate. Finally, that the adherence of the United States to the Court shall not be construed to mean a departure from our traditional policy of avoiding political entanglements with foreign states or a relinquishment of our traditional attitude toward purely American questions.

While in general some of these reservations seem over cautious and some of them unnecessary, the question is simply whether they do or do not, in the final analysis, secure for the United States any special rights or privileges not already possessed, at least implicitly, by the present member nations of the Court, under the Court's present procedure.

The United States has sent a separate communication with the reservations to every one of the member nations of the Court.

## *Who's Who in the Nursing World*



### LVIII. MARY S. GARDNER

PARENTAGE: American. BIRTHPLACE: Newton, Mass. PRELIMINARY EDUCATION: Private schools. PROFESSIONAL EDUCATION: Graduated from Newport Hospital School of Nursing, Newport, R. I., class of 1905. POSITION HELD: Director of the Providence District Nursing Association from 1905 to the present time. Leave of absence to fill following positions temporarily,—Director Bureau Public Health Nursing, American Red Cross, 1917; Director Nursing Department Tuberculosis Com-

mission to Italy, American Red Cross, 1917-'18; special work for American Red Cross in eastern Europe, 1920; Consultant Director Henry Street Nursing Service, New York, 1923-'24. OFFICES HELD: President National Organization for Public Health Nursing, 1913-'15; Honorary President, 1920. ADDITIONAL INFORMATION: Honorary degree, A.M., granted by Brown University. Delegate to the International Council of Nurses, Helsingfors, 1925. AUTHOR OF: "Public Health Nursing."



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## EDITORIALS

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### The Lady of the Lamp

WHAT do we see when we think of her,—The Lady of the Lamp? A battle field at night, an emergency hospital, a plague-swept town, a stricken household, and a woman, frail and slender, with a tiny lamp, moving about among them all, her light piercing the blackness of their night, her compassionate understanding reaching out to grip and hold each one, her cool fingers steadying their shattered nerves, her voice speaking to them of hope, and her trained, scientific mind demanding and getting obedience to her directions.

We see all of that,—yes, and in the early days of her history that might have been all we could see; just as in the earlier centuries, the physician's activities in the curative field would have been all that was visible to us of the work being done by the medical profession; but when the physician followed Pasteur out into the new and broader field of prevention, The Lady of the Lamp also moved on, the light from her lamp flashing out with strength and brilliancy into community life where the shadows of ignorance, indifference, and irresponsibility to laws of health lay heavily across the path of all welfare. The same compassionate gleam which first brought untold relief to the soldier in the barracks at Scutari, now increased to manifold brightness, shines out from her Lamp as she goes her way into the tenement districts of our big cities where ignorance of right living is at times almost as overwhelming as disease. It shines with equal radiance as she travels country roads to rural homes cut off from trained direction in the prevention and treatment of disease. Its beneficent glow in the midst of little children crowded into

our public schools where contagion is imminent brings a sense of relief to every adult. And last, but, perhaps, most far reaching of all, its clean cut brightness makes her a distinctive force in the public opinion that stands back of laws governing public health.

And now as she stands in the center of this new field, she lifts her eyes and catches a glimpse of the ultimate goal of all her years of work shining high on the summit above her,—the goal of positive health. She knew away back in those early days of pioneering among suffering men and women that the bed-rock of her power lay in the hope she had of bringing them relief or cure. Much of her success depended on inspiring her patients with that same hope. She had never built on fear. She had always built on assets, assets revealed in the patient's history scientifically recorded by the physician, just as she had followed the directions of that physician for the treatment of the disease liability recorded on the same card. And after the liability was cleared up and she had said good-bye to another grateful individual she had often sent a half wistful, half impatient wish after him that he would continue to build on those assets until he reached his own hundred per cent physical and mental strength. He could do it,—if he would and if he had some one, like herself, to stand by him, now and then, and help him interpret his health program, just as she had his disease-curing program. When she had come up into this higher field of prevention she had seen more clearly how necessary individual health education was to the intelligent coöperation of community and public health officials,—how shiftless or shortsighted not to build on the health assets of the individual for health positive as well as for the curing

and prevention of disease. Insistent, recurring, these thoughts have been with her always.

And today she sees the possibility of their fruition. The organized medical profession has constructive plans already under way. Health examination blanks are available by which the individual's present status can be found and on which he can build—on his assets—and, under direction, up to his maximum health. She finds herself a natural interpreter of all of this because of her every-day contact with the general public and because of her age-old tendency to help stumbling humanity on its way to health and greater happiness. Perhaps she sighs at this added responsibility; more likely she thanks her lucky stars that the time has arrived to do this work of encouraging, stabilizing, clarifying health education, since it is all bound to bring a more intelligent response to her work everywhere.

The Lady of the Lamp! What do we see when we think of her? Always abreast of her time, her lamp of vision held in the steady hand of professional skill, her spirit of compassion sweeping aside all difficulties between her and the ultimate attainment of the goal she has set herself,—health to the fullest for all mankind. The blessings of many generations fall upon her devoted head. The steadfastness of her purpose makes more steadfast the purpose of all the world.

#### The Health Congress

WE opine that some of our friends will go to Atlantic City about as Christopher Robin went shopping for a rabbit. Every one who has read those delectable rhymes<sup>1</sup>—and who hasn't?—will remember how, although he wanted a rabbit, he "went to the stall where they sold sweet lavender" and to various other places before

<sup>1</sup>When We Were Very Young, By A. A. Milne.

searching where rabbits might be expected to be found. We are hoping that this year, no person will be overheard lamenting the fact that she "particularly wanted to hear Miss So-and-So," but had just discovered that the paper had been read the day before.

Every effort has been made by the Committee to prepare a comprehensive program of national scope. It is in no sense an institute with opportunity for the discussion of the minutiae of technic or administration. The speakers are not doctors and nurses only, but persons also who have achieved eminence in social work, in community health, and in education. It is so inclusive that it reminds one of a great department store, very highly organized but bewildering to the novice unless she quickly learns to ask for directions and has the will to follow them.

All this is by way of warning all and sundry that no human being can attend all the meetings at Atlantic City. The wise person will arrive in time to check up her program, ascertain the location of the more important meeting-places, and to *budget* her time. In the time budget must be included—program, exhibits, personal conferences and, at Atlantic City! recreation. Even the time allotted to programs must be budgeted if one is to carry away a few real thrills, an impression of some splendid personalities, knowledge of new sources of inspiration and information, and a few facts relating to one's own field. More than this no national convention can offer. Each person must decide for herself the conferences that seem to offer most of inspiration for her. She must decide, too, the amount of time she can give to what might be called marginal interests, since they are interests that extend beyond the central core of her usual professional activities. No one can decide for another. For one, some of the sixteen round tables on Mental

Hygiene will prove alluring, others will want to listen in on some of the joint health sessions, such as that on "The Public Health Administration of Communities," or "Light and Health," or "Newer Methods for the Control of Infectious Diseases," or "Positive Health."

We know that the program and exhibits hold information and inspiration for any nurse who is really prepared to receive. Make a careful study of the program on arrival and then stick reasonably closely to your plan lest, when it is all over, you find yourself like the woman who went down-town to buy a suit but allowed herself to be so distracted by the many intriguing objects skilfully displayed, that at the end of her shopping tour, she found that although she had spent an interesting day she had only a spool of thread to show for it.

#### Medical Pots and Nursing Kettles

**B**ACK in January a national medical bulletin published an editorial on the failure of many nurses to take cases when needed. The initial quotation, "Man's inhumanity to man makes countless thousands mourn," when applied to the fact that private duty nurses do not take all calls as they come, was arresting, to say the least. The editorial was promptly copied by a state medical journal and protests from nurses began to pour in to the *Journal*.

We freely admit that there was a red rage in the *Journal* office! We almost fell into the trap of writing a counter-attack with a heat matching that of the original editorial which had all the earmarks of the irritation that arises out of seemingly (the word is used advisedly!) unnecessary difficulty. It was perilously easy to write a reply instancing the cases doctors have not taken, but we've never heard that either the pot or the kettle gained anything by the

famous controversy as to which was really black!

Nurses and doctors know perfectly well that there are some smudges on both professions,—would that there were not! It requires stalwart altruism to withstand the degenerative influence of these materialistic times. But each believes that the general level of altruism is high in the other group, an opinion of both groups shared, fortunately, by the public. Even in our wrath we knew that it was more constructive and vastly more pleasant to seek methods of raising those levels yet further, than to cry, "And so are you!" But how?

While we waited, the answer came out of the South. The March number of the *Journal of the Medical Association of Georgia* appeared carrying a succinct editorial on the work of the Georgia State Nurses' Association. Better yet, we are assured that this journal wants more material on nursing. A golden opportunity, since it is quite clear from some of the less thoughtful criticism, that doctors do not really understand our problems. Let us be patient yet awhile. More space in medical magazines and in nursing magazines devoted to those problems of distribution of nurses with which both are so vitally concerned will go a long way toward finding new ways of solving our difficulties, bringing peace of mind to the two professional groups and, what is of vastly more moment,—to increasing numbers of patients.

#### Where Are All the Indian Nurses?

**T**HE question is asked by the Bureau of Indian Affairs, by the National League of Nursing Education, by the National Committee for the Prevention of Blindness, Inc., and most particularly by the Minnesota Department of Health. Doctor Chesley writes of the excellent work under way by two

Chippewa nurses which has been checked, full tide, by the marriage of one of them. How to replace so valuable a worker? What more natural than an appeal to the National Nursing Organizations? But the answer, alas! is not there. No special data on Indian nurses have ever been compiled. They have graduated from many schools. Apparently no one knows just how many schools, or how many nurses. The *Journal* will welcome any information about any practising graduate Indian nurses. Names, addresses, school from which graduated, and name of the tribe are essential data.

Opportunity may await many of them. It certainly awaits one nurse, preferably a Chippewa, for the work in Minnesota is of a particularly high order.

#### Sheer Beauty

ONE expects a glorious panorama to unroll when the mountain top has been won but how often beauty bursts upon one unaware. The turn of a path that reveals the surface of a shimmering lake, the bend in a road that shows its

ribboned way stretching on and up into the distance, the swerve of a prow and the exploring of new vistas are happily all familiar examples.

Beauty in nursing comes upon one in a similar fashion, for one forgets the familiar beauty of the accustomed. It was in one of the oldest and grayest of our public hospitals that rare beauty was recently revealed to us. There is no depth of degradation, no human misery, no appalling suffering that does not cross that threshold. There is no problem of adjustment that institution does not face. But, shining within those walls, we found some of the rare beauty of exquisite nursing. World-worn, weary and broken were the patients. Eager and vivid were the nurses in their service of imparting comfort, so shining were they that we came away with that stilled sense of rapturous enjoyment experienced amidst a bed of pond-lilies—shining and exquisite with their golden hearts turned up to the sun. And once again we were reminded that despite "the mud and scum of things, something always, always sings."



*It looks as if society means to insist upon a more efficient organisation of medical service for all groups of people, upon distribution of the costs of sickness over large numbers of families and individuals, and upon making prevention of disease a controlling purpose. Just how these ends will be gained only a wise or very foolish man would venture to predict. One thing seems fairly certain: In the end society will have its way.*

—From an address by GEORGE E. VINCENT before the New York Academy of Medicine.



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## Department of Nursing Education

LAURA R. LOGAN, R.N., *Department Editor*

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### Methods of Teaching Chemistry in Schools of Nursing<sup>1</sup>

BY HARRY C. BIDDLE

CHEMISTRY for nurses has seldom been successfully taught. I speak generally. There are, no doubt, cases where a competent course of instruction has been successfully carried on, but generally, the course presented is not sufficient. Investigation in the field has shown that there are four general reasons for this. I might say that this investigation extends over a period of years and includes more than one hundred schools for nurses. The four general reasons are these:

1. Disinterested and unqualified instructors.
2. Lack of correlation between theory and practice.
3. Lack of proper equipment for teaching.
4. Lack of proper instruction in method of study.

I propose to take each of these charges and discuss it separately. As to the first,—Instructors, often a doctor; he may be a young interne who has had no practice and knows nothing of the theory of teaching. He approaches his task as a disagreeable one to be gotten over as soon as possible, and as an incident in an unpleasant but required apprenticeship which he is required to serve by law. He may be a staff physician who is interested, not in chemistry, but in the practice of medicine or surgery—and who has not sufficient time at his disposal for the proper preparation or presentation.

Again, in smaller hospitals or the isolated hospital, no interne or staff

physician is available. The pupil is therefore sent to high school, either day or night, to pursue a course in chemistry. The teacher, having no experience in the problems of the nurse, gives no specific attention to this pupil and so no problems are discussed in class that bear on the profession. The nurse is merely one individual in a class which is unsuited for her best needs. Or perhaps such a teacher is called in to present a course for nurses. Again, the same result is attained, since the teacher knows nothing of the problems that confront the nurse daily. This is even more true in the case of night school courses. Here the instructor must teach several courses at the same time and has even less opportunity for individual instruction.

When these courses are taught by nurses, results are unsatisfactory. The nurse is unprepared because her instruction in chemistry usually has covered only one year of inorganic chemistry. In addition to this, she should have had competent instruction in analytical, organic, and physiological chemistry. Aside from this, she has had no teaching experience or training for teaching.

I must say that a nurse is the most logical teacher for this type of class, but she must have the education and training that will fit her to do the job efficiently and attractively.

Second, Lack of Correlation. The average course in chemistry is wholly unsuited to nurses. Portions of some of our older and recent books published

<sup>1</sup>Delivered at an Institute of the Ohio State Association of Graduate Nurses, held October 5 to 10, 1925, in Cleveland, Ohio.

for the teaching of chemistry to nurses have encroached too much upon the subject matter of other branches of science as given in our schools of nursing. By eliminating this material we believe that we have enhanced the possibilities of the course as a teaching medium along the lines which would be of greater interest to the student nurse. Since the mass of material is so great, divisions almost without number can be made, not only of the subject itself, but of phases of the subject. The advantage of this is that, not only instructors but also students as well, may pursue the course best adapted to the proper expression of his own individuality. This statement is especially true in the arrangement of a course in chemistry for nurses. The only difficulty with this unlimited field is the tendency of some instructors to fail in the proper sequence of subject matter presented. The chief end of instruction is not to impart facts, but to develop in the student the ability to apply knowledge.

In the case of nurses, chemistry is not in itself an end, but rather a means toward an end. For this reason the course must be most carefully constructed; first to avoid anything like memory work on the part of the pupil. If the nurse merely amasses a great deal of material which is unrelated, her course will be a failure. Secondly, the course must be so constructed that the pupil will be able to apply her knowledge to such situations as will continuously confront her in her daily work.

The final test in choosing lessons in such a course in chemistry should be the matter of adaptability of the information to situations which are most likely to confront the nurse in the actual practice of her profession. The nurse does not differ from any other professional person. She must have specific principles which she can apply in her daily work, or her knowledge is value-

less. Unless her course in chemistry gives her these, it is a failure. For this reason I am led to believe that the average course in chemistry is a failure. Expecting anyone to do an efficient piece of work without the proper tools at hand is illogical, and we who make courses in chemistry or instruct in chemistry are responsible, in some degree, for the efficiency of each pupil who comes under our influence. Therefore, courses in chemistry must be correlated with the actual daily work the nurse is called upon to do. I found that correlation was one of my most difficult tasks when I began this work, but nothing is more important than to lead your student directly and clearly to essentials. A thorough investigation failed to disclose a single suitable text on the market, and so I have constructed my own, to meet my own needs. However, it is constantly undergoing revision and not a semester passes but that important changes are made. Since no one textbook covers the ground adequately for every teacher, it would seem wiser to choose the best and supplement from other reference books.

The ever increasing difficulty of the pupil to organize the work in the modern textbooks can probably be attributed to the number and arrangement of the unrelated topics. This error on the part of authors has been due to following the plan of studying chemistry under separate elements as arranged in the periodic table. It might be well to reorganize this material under projects or commercial uses. For instance, it seems a waste of time to study the Occurrence, History, Properties and Uses of Hydrogen when about all that is important to the nurse, should be given under fats when you are discussing saturated compounds. Here it is that hydrogenation of oils means something to the student. Again an assignment in soap making, with the study of

glycerine and sodium hydroxide as related topics, would bring together separate facts and organize naturally and psychologically some of the information now scattered under various elements in isolated paragraphs.

Third. Lack of Equipment. Chemistry cannot be taught without individual equipment, a specific manual, and a wide range of materials. Unless these are available, the instruction will deteriorate into a purely lecture course. The laboratory experiments following the lecture are given in order that, among other things, the student may learn to be skillful and careful in manipulation and accurate in observation. Only by continual physical work can one ever become skillful in carrying out the operations required of the average nurse. I often think of my first attempt at changing a tire and how now it seems such a simple matter. So it is that a nurse will find any kind of laboratory work very helpful in making her *skillful*.

Not only will she become skillful, but if impressed properly, will become careful in manipulation, the importance of which can readily be realized without any further remarks.

Another cardinal point is accuracy in observation. We all fail to observe as much as we could. No two will get the same results of observation. Some will develop greater keenness along this line than others but all can be taught to be accurate in what they observe. Any process is learned by doing. Theory is all right in its place, but the actual doing produces the proper training. Do not get the idea from the above that the lecture has no place in this type of instruction; it has an important place, but the lecture must be conducted so as to further the laboratory period.

It is fatal in science, most of all in chemistry, for the pupil to attempt to memorize facts. Yet this is frequently

what happens in beginning chemistry if mere reading or lecture work is relied upon. Experiments and illustrations are essential, in order that the pupil may be saved from becoming hopelessly lost. Students must see the material that is talked about and must eventually handle it themselves. I have found that demonstration relieves a strain and excites a more profound interest in the lecture. Nothing is more stupid than a long-winded lecture attempt to tell all the properties and uses of a substance without showing its chemical action by various experiments. One might just as well tell his friends that he has a good hunting dog, expecting the listener to fully visualize the dog's work through his imagination, as to expect pupils to understand reactions in chemistry without performing the actual experiments themselves.

In the lecture accompanied by demonstration, the pupil has a twofold impression, received through the eye and through the ear. This former type of impression may be the more lasting of the two, the impression received through the ear merely supplementing, explaining and thus strengthening the more vivid impression received through the eye. It is for this reason that I favor the lecture with practical demonstrations. It is true that this method is somewhat more difficult for the instructor, since it involves a considerable time spent in the preparation of material, but the results obtained more than compensate for the added trouble. Indeed I believe that science is an unusual subject in that it requires a certain amount of mechanical ability on the part of the teacher in order that he may put across quickly and skillfully the experiment which is to illustrate and demonstrate the chief point in his lecture. If he fails in this, his whole lecture will be a failure.

To expedite work, all materials should

be previously weighed or measured, and everything that is to be used placed in order, so that the lecturer does not have to fumble about for things.

Of course it is needless advice to state that the experiment should be out near the front of the lecture table,—always away from the countless other things on the table.

There is a tendency on the part of some teachers to perform experiments that are spectacular or ones they particularly like, and they really forget, for a time, that all experiments performed have a definite purpose,—to show some chemical truth. Often a too spectacular experiment distracts from the principles you are attempting to teach, and leads more to entertainment. All apparatus should be carefully drawn and more carefully explained before being used, else the pupil will center her attention on the apparatus or some one part of the experiment, while the process that she is supposed to see will come and go unheeded.

It must be perfectly obvious that not all chemical reaction can be shown by demonstration. Then it is that we must fall back on the use of the blackboard.

One other point. As time is a big factor in your success, I find it more satisfactory to all concerned if all demonstrations are performed by the instructor rather than to use any assistance from the class.

Oftentimes careful drawing of apparatus on the blackboard will familiarize the pupil with the materials to be used, and with the details and reaction to be expected in the experiment. This may prevent considerable loss of time on the part of the instructor and confusion upon the part of the pupil.

In most training schools for nurses the time devoted to the course in chemistry is rather inadequate. The National League of Nursing Education recommends 45 hours; this includes

both theory and laboratory practice. In the State of New York, schools which permit even less instruction are recognized. In our nursing school,<sup>2</sup> in the three-year course, we give 45 hours,—15 to class and 30 to laboratory work. All teachers of chemistry in training schools may take what comfort possible from the growing tendency to assign more time to chemistry in the curriculum. Some of our schools in this state are aiming toward the equivalent of a regular college course in chemistry. Not only inorganic but biological chemistry is essential in nursing and medicine. The instructor should see that the essential elements for this work are included in his course.

The limited period of time given to the study of chemistry in our nursing schools makes it imperative that the instructor emphasize only those phases of his subject which are essential. This necessitates working under high pressure, and in order to do this the treatment must be of such a nature as to render the course popular with the student, and as Pythagoras once said to his notable pupil, "There is no royal road to learning." This applies to chemistry as well as other subjects, and therefore in our course at Western Reserve School of Nursing we have not hesitated to give rigorous treatment to the fundamental concepts. It is well to remember that.

Fourth. The pupil must be taught the scientific attitude.

The recitation should begin with a clearly stated problem. This problem should be one which is closely related to the actual experience of the nurse, and should be so put that the solution will bear directly on the subject under consideration. Never begin with definitions or abstractions. These are committed to memory; all thought on the part of the pupil is lost, and she will not be

<sup>2</sup>Western Reserve University School of Nursing, Cleveland, O.



able to use such information in the solution of similar future problems that will arise.

All of this leads up to a specific application; namely, the deductive method of study. While the deductive method is far superior to the inductive method in almost all branches of learning, in the exact sciences it really comes into its own. Here it can unerringly be applied to problems so numerous as to make its advantageous use almost without exception. Deduction has never been perfected, but even with its granted imperfections it is so far superior to the inductive method as to be almost beyond comparison.

Roughly stated, induction moves from more or less fragmentary details to a connected view of the situation; deduction begins with this latter and works back again to particulars. Thus we see that the inductive movement is towards the discovery of a principle, while the deductive is towards its testing.

Oftentimes the pupil sees in induction only the amassing of facts, frequently isolated or disconnected. These came from observation, memory, hearsay or authority. Thus induction ends without suggesting any situation in which these may be used. Or it may be that in the laboratory the pupil becomes lost in the process of manipulation, without seeing the reason for the performance or recognizing a typical problem for which it is a solution.

Again the pupil may have her mind hurried on to a vague notion that these fragmentary facts bear on a certain point, without ever seeing the connection. This is our condition when we say that we see in a "general way." What we really mean is a "vague way."

The inductive inference or guess is formed by the student, but no trouble is taken to see that she at once follows this up to get the relations. If it is true it is at once accepted; if false it is at

once rejected. Any application is usually carried through by the teacher.

Lastly, beginning with definitions, rules, classifications, is a common error. The pupil must first be made acquainted with facts that create a need for these things. Definition, general formulae, and classification are devices by which the fixation and elaboration of a principle in its detailed ramifications are carried on. They must not be regarded as ends in themselves, but instruments for the facilitating of a conception into the form where its applicability to given facts may be tested.

Deduction in itself, however, will be valueless if it is isolated. All knowledge gained by this process must at once be applied to new cases. No one understands a principle fully until he can employ it in the mastery of new situations. This last point cannot be too greatly stressed, as it is the aim and end of all education. A pupil may learn a principle from a given set of experiments, conducted under given observed and controlled conditions, but these exact conditions may never reoccur during the entire remainder of her life. But if she has closely connected cause and result, and reasoned out each step of the way, she will be able to repeat the operation under widely diversified conditions. In other words, we must not give memory exercises and perfunctory experiments on observation,—we must teach our pupils to think, to reason.

By these processes the pupil acquires judgment; that is to say, she learns to interpret facts. When once this scientific method of reasoning becomes a habit, she will no longer be contented with empirical judgment, but will require that the chain of evidence be completed before she is convinced.

If you will permit me to do so, I will briefly illustrate the inductive and deductive processes. A doctor is called to see a patient. He at once begins to

acquire facts. He asks the patient questions, he uses certain specially prepared instruments to discover facts unknown to the patient, and by the skillful manipulation of hands he gets a third set of facts. These all point to a certain road. He weighs these facts and pronounces the disease to be appendicitis. So we see that he has used certain facts to gain a conclusion, or, if you will, a principle. Thus we have the inductive method.

Again the doctor is called to see a patient. When he enters the room he notices that the patient has his right leg drawn up in an unusual position for one lying in bed. He at once induces a hypothesis,—appendicitis. But his judgment is not yet well founded, so he begins an attempt to test or prove his theory. He tries perhaps the same methods he used in the previous example, and after an examination he arrives at the same conclusion. Thus, deduction. But we must note that in one case he began with facts and evolved his conclusion, while in the second case he began with his theory and proved it by testing each link that would help make the chain connecting the two.

If we insist that our pupils not only arrive at conclusions, but go back over the ground and test the facts pointing toward those conclusions, we shall have instilled in them a scientific method that will be invaluable. From what I have already said, you can see the need for teachers trained in their business.

Again, he may prepare a course of study that he believes adequate and suited for a situation that he must meet. But he finds that he is not putting over this course. Then he must be prepared to make over the course of study so that it will meet the needs of the class. It should be possible for a teacher to make such changes in any textbook as to bring about the desired effect. Oftentimes explanations on as-

signments, hints as to the things especially to be sought, or warnings of pitfalls that may be encountered, will do wonders in improving study and centering interest and attention on essentials. The teacher who has constructed a complete plan for an entire semester's work is in an excellent position to do these things. Unless his plan is known to himself before assignments are made, he cannot do this. However, his course must be flexible. All classes differ and what one class can do is beyond the next. This is one of the most difficult situations which the instructor must meet,—and he must meet it, or his course is a failure.

After all, the contents of a course and the method of presenting it depend upon the teacher. He must use his own individuality and 50 per cent of his teaching success will depend upon his personality.

The course of study can be briefly summarized as follows:

1. Start chemistry teaching by the problem method, using the pupils' everyday experiences in health and economics as a basis.
2. Stress only such phases as are essential to the student, make these the centers about which the pupil will collect otherwise scattered information.
3. Selection cannot be too carefully carried out. Adaptability must be one of his chief characteristics. As his classes vary, so must his course of study vary.

This really ends the discussion. But I have been asked several times my opinion on the subject of final examination, and consequently will take a few more minutes of your time.

Science teachers have found, with others, that examinations have both advantages and disadvantages. Broadly speaking, the advantages are that they necessitate constant review; they provide a standard of comparison whereby the pupil may recognize his own grasp of the subject; and they show to the teacher a cross section of the results of

his own teaching, thus enabling him to judge with some degree of accuracy whether or not he has succeeded in his lectures.

Generally speaking, the disadvantages are a tendency toward a separation of actual experience and knowledge in examination questions. In other words, Do the questions actually bring out the knowledge which the pupil has? Again examinations usually come at an unfortunate period of time when the mental and physical beings of pupils are far from normal: the former being at a high tension due to worry and other strains, and the latter being subnormal because of her mental condition, lack

of rest and sleep, and other circumstances which unfortunately come at the close of her course.

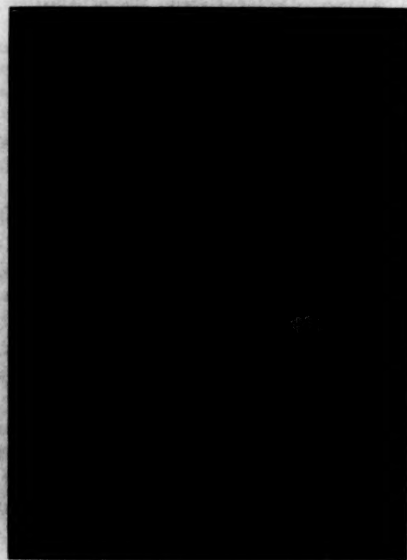
Personally I do not believe in final examinations. I prefer other and more frequent methods of checking upon the student's knowledge of the subject; that is, small doses over a longer period, work about as well in examinations as in drug or medicine administration.

These frequent tests cause the pupils to select outstanding facts and laws, they also cause her to compare, contrast, and apply them. They enable her to judge for herself how nearly she has mastered her work. They enable the lecturer to check his accomplishments.

## Grading Schools of Nursing

**T**HE nursing and hospital world has eagerly awaited the announcement that the grading program is under way. At a meeting in New York City on April 14, the Committee appointed May Ayres Burgess, Ph.D., to direct the study. Doctor Burgess takes office immediately. She is a highly qualified statistician who has already shown her interest in nurses by her contributions to the private duty study. She has worked with various educational and other organizations, among them the Russell Sage Foundation and, since 1923, has been Director of the Joint Statistics Bureau of the Committee on Dispensary Development. Her interest in statistics is not merely mathematical but that of one who believes that knowledge is valuable only as it is put to use for the service of society.

It is estimated that the grading of schools, conceived of as thoroughly helpful and constructive service to the schools, will occupy a five-year period and will cost a considerable sum of money. Details of the plan will be dis-



MAY AYRES BURGESS, PH.D.  
DIRECTOR, GRADING OF SCHOOLS OF NURSING.

cussed at the meetings of the American Nurses' Association in Atlantic City.

It was

RESOLVED: That it be the program of the

Committee on the Grading of Nursing Schools (a) to conduct studies of the fundamental facts and factors determining an efficient nursing education, and (b) to formulate and apply tentative standards for the grading and classification of nursing schools,—both lines of work to proceed together. The studies of fundamental facts and figures shall cover three distinct fields of inquiry:

1. The need and supply of nurses and other nursing functionaries.
2. The occupational analysis of the nursing service as to knowledges, skills, traits, etc., required, and
3. The current status of existing facilities for the training of members of the nursing profession.

The following Committees were appointed:

1. Committee on Supply and Demand: Miss Wood, Chairman; Doctor Howland, Doctor Winslow, Doctor Fitzpatrick and Mrs. Bolton.
2. Occupational Analysis: Miss Burgess, Chairman; Doctor Capen, Doctor Charters, Miss Tucker and Doctor Darrach.
3. Study of Existing Facilities: Miss Francis, Chairman; Miss Logan, Miss Hodgman, Doctor Suzzallo and Doctor MacEachern.

The members attending the meeting were: Dr. C.-E. A. Winslow, Dr. William Darrach, Dean Fitzpatrick of Marquette University, President Suzzallo of the University of Washington, Chancellor Capen of the University of Buffalo, Katharine Tucker, Susan Francis, Gertrude Hodgman, Elizabeth Burgess, Laura Logan and Evelyn Wood. Mrs. Bolton and Doctor MacEachern, who is out of the country, were absent. Dr. W. W. Charters, Professor of Education of the University of Chicago, was added to the Committee, and Doctor Howland, Superintendent of Peter Bent Brigham Hospital, Boston, Mass., succeeds Doctor Goldwater, resigned.



An important activity of the Child Welfare Board of Peru is the establishment of a practical training school for nurses under the direction and management of two trained nurses brought from Germany for this work.

## Hospital Facilities in the United States

THE Hospital Number of the *Journal of the American Medical Association* contains some exceedingly illuminating data. There are at present in the United States a total of 6,896 hospitals of all types with 802,065 beds, constantly caring for an average of 629,362 patients; 66 per cent of all the beds are constantly filled, as compared with 67 per cent in 1920 and 64 per cent in 1923.

There are still 44 per cent of the counties without hospitals for community use, but this is a better showing than 1920, when 56 per cent were without.

In 589 hospitals for nervous and mental patients, there are 322,342 patients.

"An outstanding and commendable movement on the part of hospitals at the present time is that for the care of tuberculous patients in general hospitals. This movement promises considerable relief from both a medical and an economical point of view, and will doubtless increase to much larger proportions as rapidly as the general hospitals and the public come to realize the safety with which those afflicted with tuberculosis can be cared for in general hospitals when the proper precautions are understood and observed."

In 1923 there were 1,283 Registered Nurse Superintendents of Hospitals; in 1925 there were 1,676.



## Smallpox

THERE is no medical doctrine that has been more definitely and conclusively proven than the protective influence of vaccination against smallpox.

Children should be vaccinated in infancy, and re-vaccinated at the age of ten or twelve. In the vast majority of cases two such vaccinations will protect for life. If at any time one is exposed to smallpox, it is the part of intelligence and prudence to again be vaccinated in order to make sure that one's immunity is complete. You might ask: "What shall I do if my vaccination does not take?" If you have never had a successful vaccination, then an unsuccessful attempt at vaccination gives absolutely no assurance of protection against smallpox. If, however, you have been once or twice successfully vaccinated, later unsuccessful vaccinations may mean that the system has been protected both against smallpox and against vaccination.

—California State Board of Health.



# Revision of the Standard Curriculum

(Continued)

## CASE STUDY

Time: 15 hours—lectures, discussions, reports.

Teacher: A nurse or a social service worker who is an expert in this type of case work, or the course may be divided among several specialists such as a physician, a psychiatrist or psychologist, a social service worker, a nurse and a dietitian.

### Objects of the Course

1. To help the student nurse to get an all-round view of the patient as a human being, to study the personality of the patient in relation to his social background, and to his physical and mental condition.

2. To improve the actual nursing care of patients by helping students to understand their individual needs better and to plan more consciously for a definite program of individualized care.

3. To promote better coöperation between the different groups who are caring for the same patients.

4. To help the student nurse to unify the various subjects in her course of study, using the individual case study as a means of applying and coördinating the knowledge and experience she has gained through various sources.

5. To initiate the student into the method of case study adapted to her particular needs, with the understanding that she will use it constantly and with increasing skill in connection with every phase of her hospital work and in her later professional work.

6. To stimulate a keener interest in the accumulation and presentation of case studies for different types of patients and diseases, this material to be used in the teaching of nurses and also for the advancement of nursing as an art.

### Outline of Classes

#### I. Introduction.

A general discussion on "our patients." What the student nurse thinks she ought to know about each individual patient, in order to be able to give the best kind of nursing service. Pertinent facts she has gained from observation or inquiry which have a very direct bearing on the patient's treatment and general welfare. Probable effects of sickness, immediate and remote, in the home, in the community, in industry. Probable adjustments necessary in the home on account of

sickness. Need for systematic and careful study of cases. The case study method as developed in medicine, social work, etc. Relation to the scientific method of study. Value of records and statistics. The dangers of routine and over-standardization in relation to the patient and also in relation to the nurse's own education. The responsibility of the hospital in connecting the patient with his environment, in coöperating with other agencies in the community and in making hospital care really effective.

#### II, III, IV. Typical Cases.

Presentation of a number of selected cases of rather uncomplicated type, in which sickness is the outstanding factor, preferably including some that are familiar to the students. These cases should introduce variations in age, disease, physical condition, social background, etc., and also the common physical, economic, and social causes of disease. An effort should be made to size up outstanding assets and liabilities in individual cases presented, emphasizing casual factors and possible remedial measures in which the student nurse might share.

#### V. Building up a Case Record for the Nurse's Use.

Principles and methods of gathering data, sources of information, difference between cues, facts, and impressions. Discussion of main divisions or headings for classification of necessary data, including, personality and social background, physical and medical aspects of the case, general nursing care indicated, diet, medication, the carrying out of medical treatments and preventive measures, and plans for after care. Assignment of a case to each student for individual study, reports to be given as course proceeds. (Opportunity should be given for one or more visits to homes of patients to get a clear grasp of living conditions and other factors bearing on the study of cases.)

#### VI, VII, VIII. Factors in Personality and Social Background.

Importance of race, religion, color, family status and history, language, education, housing, home environment, industrial conditions, economic status, etc., in relation to disease and the general handling and nursing care of patients. Observation of slight deviations from normal mental condition and discussion

of desirable methods of adjustment and ordinary mental hygiene. Consideration of patient in securing information. Use of such information. Criticism of student reports dealing with this aspect of their cases.

#### IX, X. *Physical Condition and Medical Aspects of the Case.*

Various types of physical make-up. Important points in history, diagnosis and treatment in relation to nursing care. How to read charts. Significance of laboratory reports. Difference between data needed by the physician for diagnosis and medical treatment and that needed by the nurse for the improvement of nursing care and general handling of the patient. Special points in the study of surgical cases, medical cases, pediatric cases, etc., and relation to social and economic factors. Criticism of student reports.

#### XI. *Individualization of Patients' Diet.*

Food habits and idiosyncrasies of racial groups, of city and country people, of different sections of the country. Adaptation of food to seasons, different stages of disease, to children and adults, etc. Question of food costs. Importance of studying individual tastes and habits. Forming of new habits. Criticism of student reports from standpoint of feeding the patient.

#### XII, XIII. *Individualization of Nursing Care.*

Adaptation of general nursing measures to meet the special needs of patients. Importance of a systematic plan for nursing care to be worked out on the basis of facts studied and treatment prescribed. Criticism of programs submitted by students for nursing care.

#### XIV. *Preventive and Educational Measures and After Care.*

Importance of preventive and educational program in relation to present treatment and future protection of patient and family. The nurse's responsibility for teaching and demonstration of hygienic measures and simple nursing procedures. Adaptation of teaching to the age, capacity, interests, etc., of the learner. Necessity for working in close cooperation with physician and social service department. Possibilities of assistance in after care through the dispensary, visiting nurse association and other agencies.

#### XV. *Examination.* (A conference on the completed case reports might be substituted if desired.)

##### **Methods of Teaching**

1. The conference method is advised for this course, the students taking an active part in all discussions.

2. It is assumed that the case study method will be carried into the student's every-day experience in the wards and out-patient department as soon as she has gained a general idea of its use. The active cooperation of head nurses and supervisors will be needed in the selection of suitable cases and their general study. If the case method of assignment can be used in the general distribution of student work in the wards, it adds greatly to the educational value of the ward experience.

3. It would be helpful to have instructors and supervisors share in the class conferences as far as possible, also physicians, social workers, dietitians and others who are working with patients, and who can bring to the discussions different points of view.

##### **Equipment and Illustrative Material**

Little is needed except the human material to be studied. Examples of well worked out case records are helpful.

##### **Text and Reference Books**

###### *Group I.—Essential or Very Desirable.*

Cabot, Richard—Social Work.

Cannon—Social Work in Hospitals.

Devine, Edward—Social Work.

Ellwood—Sociology and Modern Social Problems.

Judge Baker Foundation—Case Studies.

Townsend—Social Work—A Family Builder (in press).

###### *Group II.—Recommended for Teacher or for Wider Reading by Student.*

Addams—Twenty Years in Hull House.

Breckinridge—New Homes for Old.

Hughes—Workers Who Earn.

Parsons—Introduction to Modern Social Problems.

Richmond—What Is Social Case Work.

See also references under Psychology, Pathology, Nursing and Clinical Subjects, etc.

*Note.*—Owing to the illness and absence of several members of the sub-committee, it has been impossible to present as complete an outline of this subject as was planned. A number of suggestions have been gathered together and submitted in this rather tentative form with the hope that many readers will contribute further suggestions and criticisms.—I. M. STEWART, Chairman, Education Committee.

*Reprints of this outline may be obtained from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. The price is ten cents per copy. A discount of 25 per cent will be allowed on orders of 25 or more.*

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## Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*

*Director, Nursing Service, American Red Cross*

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### Home Hygiene Summer Courses

TODAY, there is a definite place in college summer sessions for postgraduate courses for Home Hygiene instructors or other nurses fundamentally interested in learning the best methods of teaching. Nineteen twenty-six will see the fourth of the yearly series. The recognition implied by this fact is due in the main to the efforts of the Director of Home Hygiene and Care of the Sick, American Red Cross. Working for several years, she has been instrumental in convincing authorities that a knowledge of the sound principles underlying modern pedagogy is essential to nurse instructors because of the present-day variety of demands from educational institutions for training in health.

These Red Cross Instructors' training courses will be given this summer at the eastern and western colleges so popular last year—Pennsylvania State College, State College, Pennsylvania, from July 5 through August 13; and the Colorado Agricultural College, Fort Collins, Colorado, from July 24 through August 28. For nurses desiring to teach Home Hygiene and Care of the Sick, who have not had normal school training, or who wish to review newer methods, is thus provided a six weeks' intensive training that is invaluable for any type of class work. Study of the basic principles of teaching, methods and demonstrations, as well as practice teaching under supervision, are included.

It is important to note how well planned the courses are at either college. First, there is the subject, Principles of Teaching, carrying two or three credits respectively, with emphasis placed upon the selection and organization of subject

matter, preparation of lesson plans, provisions for individual differences, socializing exercises and the project method through lectures, class discussions and assigned readings. This course is required as complementary to Methods and Presentation of Home Hygiene and Care of the Sick, carrying three or two credits respectively, consisting of lectures, demonstrations, observation and practice teaching based on the Red Cross textbook, revised November, 1925. Making practical application of the educational fundamentals studied in Principles of Teaching, it has been specifically planned for nurses desiring to teach Home Hygiene and Care of the Sick.

Practice teaching groups in connection with this second part of the course planned for graduate nurses are provided through the certificated course in Home Hygiene and Care of the Sick offered to general college students who have been quick to avail themselves of the opportunity to acquire knowledge of individual hygiene and caring for the sick in the home.

Important as is the work done in these courses, it must not be thought that there is not another side. The many nurses who in the past have gone to these colleges have wonderful memories of "playtime" on the wind-swept heights of the great Rockies with marvellous vistas spread at their feet or of the beautiful wooded mountain sides of the Alleghenies. Week-end parties are unforgettable and give renewed zest for workaday life the rest of the year. A point is made of providing real recreation in connection with these summer programs.

Tuition fees at either college will average about \$16; living expenses for

the six weeks, not more than \$75. Making allowances for miscellaneous items such as books, laboratory fees and other incidentals, up to \$15, a total of about \$105 is required, excluding of course traveling, recreation and personal expenses. Special round-trips may be secured in many instances by inquiry at the railroad offices.

A limited number of scholarship loans is available through the American Red Cross and application should be made to or further information secured from National Headquarters, Washington, D. C.; the Midwestern Branch Office, 1709 Washington Avenue, St. Louis, Missouri; or the Pacific Branch Office, Civic Auditorium, San Francisco, California.

#### Importance of State Meetings

**S**TANDARDS in nursing interest the whole of our profession. But keen as such interest is, how many nurses realize the importance in this connection of the close affiliation between the State Nurses' Association and the American Red Cross? The very beginning of the tie-up dates as far back as the winter of 1903-'04, though long, steady, building work was necessary to bring about the consummation in 1910. Cooperation has achieved the status of today. Obviously, continued interest is necessary to its maintenance. The American National Red Cross is a factor in retaining present nursing standards, as government and general professional nursing services have brought out on several occasions. The close bond between it and the nursing associations gives the latter a voice in its affairs through the affiliation arrangements.

Every effort should be made, then, to increase the vitality of the tie between the American Red Cross Nursing Service and the State Nurses' Association, achieved through the vision of the farsighted nursing leaders of those red let-

ter days in American nursing history. It can be achieved through opportunities afforded at annual meetings. See that there is a Red Cross session and make it alive and interesting, with reports from the Local Committees and Red Cross Nursing Services, combined into brief, well-knit form and presented by the Chairman of the State Committee on Red Cross Nursing Service. State nurses should know what Chapters are doing when it bears on their profession, and the Red Cross nursing field representative (and nearly every state has one or more) is the logical person to give an adequate idea. How many State Nurses' Associations, as a collective body, know the fine work oftentimes done in their own territory by individual nurses in disaster relief? These are details every nurse should know. Unless each realizes the enhanced prestige of her profession, how can there be widespread recognition? It is the force of collective knowledge and realization of influence that counts.

Lastly, to visualize these local State units as a part of a great whole—just as has been done for districts in relation to the State—have an inspirational address from some one of the national figures who is able to survey national and international Red Cross nursing affairs. Washington may be approached for suggestions if such a person be not resident in the State itself.

State Nurses' Associations will realize in this way that they have a definite responsibility to the National Red Cross through the nursing affiliation. In that relationship and affiliation lies the protection of the standards of the profession through the Red Cross nursing service with its vast enrollment.

#### Homeward Bound

**A**ND now our faces are set homeward in this last narrative of Miss Noyes' tour which began in Helsingfors





MISS NOVES STEPS OUT OF HER OX SLED IN MADEIRA

and traversed the whole of Eastern Europe south to Constantinople. Three fascinating days were spent at Smyrna, the steamer held up to load 6,000 tons of pressed figs, raisins and some tobacco. What memories of American Red Cross nurses serving with the Near East Relief there!

Today, it is a spot of peaceful beauty despite the ruins of that white city between the shimmering blue sea in front and the high mountains behind. Originally, the quay was lined with banks, shops, hotels. Now, they lie largely in ruins because through the heart of the town ran the great fire of September, 1922, leaving just the Turkish part on the south nestling against the mountain-side, attractive in its setting of fig trees and stone palms.

Through this city used to stream the wealth of Asia, tobacco, pressed figs, dates, raisins, and Oriental rugs, coming in by rail or on long trains of ambling camels. Today, trade has dwindled because of difficulties in Asia Minor and the deportation of the Armenians which killed the rug marts. Rarely does one see a carpet for sale in Smyrna now. This is the result of events in 1922 dur-

ing which Agnes E. Evons and Sara Corning, American Red Cross nurses, rendered conspicuous service. At the very moment when refugees from the interior crowded the city even to the quays—bundles, goats, donkeys and oxen everywhere—houses broken open, clothes, furniture, scattered through the streets, looters with carts carrying off the most valuable—the fire appeared to start in the Armenian quarter. The Red Cross nurses had seen the Turkish Kemalist Army march in, in good order, before they contrived to find the Queen Wilhelmina Hospital behind the Dutch Consulate. But they had not done more than a few dressings when they had to move. They next settled in an Armenian Girls' Orphanage. Soon, the wind rose, blowing the fire to that quarter and they had to make preparations to go, after just a few hours. Through streets crowded with people fleeing before the flames, mothers carrying babies and beds, perhaps two individuals dragging along a trunk, they pressed—occasionally squeezed between oxen and the walls of houses. At the shore the crowds of onrushing refugees pushed the others into the water. Those who

could swim, swam to vessels that were lying about a third of a mile off from the shore. Boats overturned with the people madly rushing to fill them.

The Red Cross nurses, with others, were taken on board the "Litchfield"—even the decks warm from the great fire.

On this brilliant morning that ghastly tragedy seemed unbelievable as the American nurse visitors, Miss Noyes and Rachael Torrance, having found an *araba*, a little two-horse carriage, jogged through the thick dust high up into the mountains to visit the American College where they heard again the story of terror when 350,000 refugees fled before the Turks into the city and were gradually shipped to Greece, many of them dying before transportation could be effected.

Away from that city of tragic memories the journey was continued through the isles of the Aegean Sea until, early one morning, when the sun beat down in all its gold on the blue, blue sea, they sighted the Parthenon like an exquisite Greek miniature of utter marble purity, high on the Acropolis above the ancient city of Athens. But a very modern group of American Red Cross nurses met Miss Noyes at Piraeus, those with the Near East Relief and the American Women's Hospital having journeyed from islands all around, waiting three days in some instances, to be able to greet Miss Noyes and to be with her for a few brief hours. They were Alice Griffith Carr, Ruth M. Eddy, Anna Edison, Isabel R. Hall and Jennie M. Ryan, who have served, one and all, in several foreign countries in the Near East or the Balkans or the West Indies under the Red Cross flag. Later, there was a delightful tea given by the Near East Relief in honor of Miss Noyes in the garden of the Petit Palais, with lovely flowers everywhere. Here they were joined by Helen Porter, Director of the School of Nursing at the

Polyclinic Hospital started by the Near East Relief; and Marie Zacca, the latter a Greek American Red Cross nurse sent to the United States to be trained through the interest of her former Queen, who is now in charge of the child welfare work started there by Kathleen d'Olier and developed by Mrs. Charlotte M. Hellman.

Many changes had taken place since Miss Noyes was last in Athens. Piraeus had been so built up that it had become a large city and the seven miles between the Piraeus and Athens, once sparsely populated, is now inhabited by what are apparently refugees. Temporary buildings were much in evidence, little villages of small houses, mushroom-like in growth.

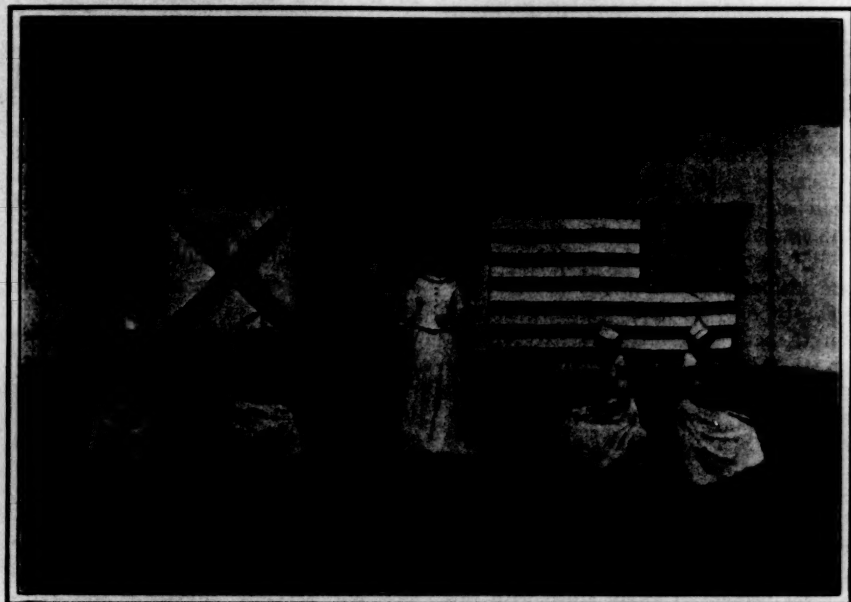
As each nurse had to hear all about the Helsingfors Congress and their beloved home country and wanted also to discuss with Miss Noyes her work, summaries of years were compressed into crowded, talkative hours. Dusk was falling when they all set off on the drive from Athens to Piraeus. Finally Miss Noyes embarked, her boat filled with a lovely burden of flowers and fruit as adieu offerings.

Madeira and the Azores were visited as ports of call *en route* to the United States, Miss Noyes becoming, for the first time in all her long tour, just a sight-seer. She was enchanted with Madeira, so beautiful in its hills, with tree-lined streets and delightful little houses surrounded with flower gardens. Here everything moved serenely and at an even pace like the double ox sleds, which glide along on the highly polished stones, in which Miss Noyes took a journey that made her feel as if she were taking part in a pagan procession of triumph. She wanted to stay there for an indefinite period and take a deep, deep breath after the crowded, hurrying three months into which there have been glimpses through these columns.

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## Student Nurses' Page

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"THE LADY WITH A LAMP." FROM A PAGEANT GIVEN BY THE STUDENTS OF THE MOODY HOSPITAL SCHOOL FOR NURSES, DOTHAN, ALA.

### My Ideal Nurse<sup>1</sup>

BY VIRGINIA BOYER

*General Hospital, Everett, Wash. Member of the Five-year Class, University of Washington*

DOWN through the ages have come to us the names of nurses who were for some reason great; who have given us by their examples our nursing ideals of today. What made them stand out in their time? Perhaps the answer to these questions, perhaps all their characteristics woven together, with a twentieth century background, would constitute my ideal of today.

She has, first, a purpose in life. She entered nursing because its objects stirred something deep within her. She never lets her knowledge and technic turn her into a machine but remem-

bers what Fredericka Fleidner said, "The soul of service must never be sacrificed to technic."

She is sympathetic, kind and helpful and radiates reliability and trustworthiness which inspire confidence, willingness to be guided, obedience, which seems to be going out of style but is an important thing in the care of the sick where we have no right to disobey an order because we do not want to do it or feel that it is unimportant; loyalty to other nurses; a courageous spirit of not being afraid when things become difficult; a desire to find the truth and avoid vague and exaggerated statements; and

<sup>1</sup>Abridged from the original manuscript.

a critical attitude toward her own work.

My ideal nurse had a good education; for it was necessary for her to have knowledge of many things in order to be successful. She had a good foundation in the basic sciences and in domestic science. Then she has not limited her education solely to nursing but is well read on current events and affairs of the community and world.

We come to certain qualities which are trained and which she had to consciously develop and work to obtain. First, there is manual dexterity. And, oh, that is so important in the care of the sick person! The patient can tell a world of difference between various nurses. She did not gain this dexterity in a day, it took years of faithful perseverance. She has good judgment, which has also been developed by her experience. She needs this very much, for the doctor is not always present. Closely allied with this is her common sense, combining, if you will, good judgment with intuition. To back these up is her reasoning power, her ability to think things through to the right conclusion and then arrive at a decision and stick to that until some one can prove to her satisfaction that she is wrong. A person would not have confidence in a nurse who was weak and vacillating. But by that I do not mean that she has a closed mind and will not take suggestions and criticism, for one of her outstanding characteristics is her open mind. She has also trained her senses to note the smallest symptoms concerning her patient, because she can help the doctor with the diagnosis by her observation. She has trained her nerves to be cool and steady and she does not fly madly about upsetting herself and the patient. She never lets herself get hysterical and excited in the presence of the patient or pupil nurses (to whom her example means so much).

Of course, she has trained her memory to be exact and reliable and is not always having to say, "I'm sorry, but I forgot." She has a real interest in people which can be felt by every one and especially, I think, by the sick person. It cannot be assumed for the occasion, as an evening dress, but is something which must lie deeper than that.

One very important thing whether in private duty or a large responsible position is executive ability. She knows how to plan, organize, and then put the thing over.

A word about her appearance. She is neat and professional looking, not calling attention to herself by wearing jewelry. Her white uniform is neat and becoming and is never worn with tears, holes or too large patches. Her clean white oxfords with white hose, never sloppy slippers or colored stockings, are in keeping with her white dress. Her hair is neatly combed and yet not severely dressed. She radiates good health or else how could she teach health to others? Included in good health would come correct posture. Her voice is gentle, low-pitched and forceful.

The most difficult to define and hardest to describe is her pleasing personality. It is so intangible and yet is the first thing you notice about her.

By suggestion and little hints dropped in the right way she could persuade her patients into a better, healthier mode of living, and now she really touches a larger number of people,—the nurses under her guidance and the public who take her word as authority in her own line. All her knowledge would not be of much use if she did not know how to make herself acceptable to people.

Perhaps the whole secret of her success is that she loves her work and is in it because she believes it is a growing, wonderful thing with a purpose behind it which she feels deep within her.



## The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

### From Finland

THE *American Journal of Nursing* brings us every month so much of interest and we are glad to be able to follow your splendid work. Our *Epione* is, compared with your advanced *Journal*, only a baby who takes her first uncertain steps. Now I must beg you to accept our and our baby's congratulations to the *Journal's* twenty-fifth birthday; they come late but they are very heartily felt. (We Finns are rather slow, you know!)

We still think and talk of the wonderful summer days, when we had the great privilege of having the International Congress here in Helsingfors and the opportunity of meeting so many prominent nurses from different countries. Such a time will never return in our lives and the memories are dear.

ELLEN NYLANDER,  
Editor, *Epione*.

(*Epione* is the official magazine of that nurses' association of Finland which is affiliated with the International Council of Nurses.—Ed.)

Baroness Mannerheim replied as follows to our letter explaining the error, corrected in the April *Journal*, in listing a new Finnish *Journal* instead of *Epione*, the official magazine, in the article on the International Council of Nurses: "Perhaps when correcting the mistake you could mention the fact that our little magazine *Epione* was launched, thanks to the suggestion made by Mrs. Robb in 1907 at the meeting of the I. C. N. in Paris. Until then we had not dared to have a publication, on account of financial difficulties, but when Mrs. Robb said we must have a paper, the president of the Association of Nurses of Finland, who was the only nurse present from that then not affiliated country, thought that even if it should only spell ruin, there must be a magazine. And after all it only spelt *Epione*, and it has been a joy to have it, even though it hasn't grown much larger than it was at the start."

### The Nurses' Window

I WOULD like to hear from the nurses who have given for the Nurses' Window to be placed in the Woman's Division of the Cathedral of St. John the Divine what they desire in regard to the title of the window and also the subject. Many have asked that it be called, "The Window of the Blessed

Saviour," as they say He was the first great Healer,—the window to represent Christ as the main figure healing the sick and calling little children unto him.

As it is an international window, for nurses in every country, the general feeling is that it should not be a Florence Nightingale window.

New York

DEBORAH C. ALLEE

### A Home for Nurses

#### I

THROUGH your Open Forum, M.A.P. has asked for a plan for state homes for aged nurses. May they come quickly, for our old nurses are the ones who have given generously of their time and strength to the nursing cause and many of them would be glad to leave the field to the younger ones, could they be assured of a comfortable home in a large city, with time to enjoy things they have missed hitherto. Such a home, in my opinion, could be brought about through the amalgamation of the various hospital alumnae associations of each state. Will not some one else give an opinion on this question?

Massachusetts

N. E. M.

#### II

WHY found new homes for aged nurses? Why not utilize the existing homes for aged women to be found in every community? If a nurse who has reached the proper age has not sufficient funds to pay the entrance fee, would not her own alumnae, aided perhaps by the Nurses' Relief Fund, help her make up the needed amount? It would be much more interesting to spend one's declining years in company with women who have had a variety of experiences than to spend them in a group of nurses whose interests would be too much alike to give breadth or zest to the conversation.

New York

AN AGING NURSE

#### III

FOR many years it has seemed to us that a home for nurses is a crying need in Rhode Island; a place where convalescing or tired nurses can go for a few weeks and get strong; where students may be sent when tired or convalescing and permanently disabled nurses may go for as long as they need a home. At the Central Directory the need is often felt, for there are so many nurses who

have overworked or been ill and who need a place to rest in. At the annual dinner of the Rhode Island Hospital Nurses' Alumnae Association, it was suggested that such a home be established, to be known as the Lucy C. Ayers Home for Nurses; to be used for tired, convalescing or disabled nurses, to be open to students as well as graduates, and under certain conditions to graduates of other schools.

Another speaker suggested an Emma L. Stowe living room. Miss Ayers and Miss Stowe were both superintendents of the School and to them is largely due its high standard. Then pledges began and in a few minutes, entirely without solicitation, over \$2,300 was pledged.

We expect to work for the Lucy C. Ayers Home until we get it. We shall hope for gifts both large and small from as many people as possible.

Rhode Island ELIZABETH F. SHERMAN

#### Another Point of View

EVER since graduation, and even before, I have read and enjoyed reading our *American Journal of Nursing*. It was my greatest pleasure when I was isolated from the nursing world for months with a sick mother. However, my wrath was kindled when I read "In the Looking Glass," of the March issue. I was surprised that such an article should appear in the *Journal*.

The writer uses such slang and swears so—and in a letter to her mother! I can't feature any girl who respects her mother using such language.

She does not speak well of her school; (May we call it a school?) the students working 12 and 13 hours a day, when an 8 hour day is the rule; her week's breakage is pretty high, but how little she seems to care. Why should a student be retained in a school whom a Sister calls a half-wit?

Is Miss M. a fair representative of the type of young woman in our schools today? I don't believe so. There are a few like her, but not the majority. Are the nurses becoming just "bookkeepers?" This young woman seems to think so. Do students have to "disregard the individual" and be merely machines? Is it a real school that so trains the student nurse?

I would like to say to Miss M. that her school will not "push her along" in the professional world, as she thinks, but it will be up to her as an individual. Graduates from our best schools have had to be discharged for

inefficiency. Their school did not "push them along" nor make them efficient.

We encourage our students to read the *American Journal*, but I should dislike to have any of mine read such an article as "In the Looking Glass."

California

S. G. W.

#### An Invitation

I HAVE sent about thirty subscriptions, at \$1 each, to *L'Infirmiere Francaise*, the official organ of the Association of French Registered Nurses, as a result of the little notice in the January *Journal*. The President of the Association and the Editor of the magazine are most grateful. I am wondering if there are not still other nurses who would be interested? I shall be glad to forward the subscriptions.

Washington, D. C. JULIA C. STIMSON.

#### "The I. C. N."

Early copies of the *Journal* are still needed for the set to be sent to the office of the International Council of Nurses at Geneva, Switzerland,—all numbers of 1900 and 1901 are desired, and of 1904,—January through April, and June; 1906—January through June. Send copies to Mary M. Roberts, *The American Journal of Nursing*, 370 Seventh Avenue, New York. Would any nurse or any Association like to contribute the cost of the binding of these magazines?

#### Journals Wanted

Journals needed by the Department of Nursing Education, Teachers College, New York: 1912, October and November; 1913, August, September; 1915, October; 1916, January.

The Minnesota State Registered Nurses' Association needs most of the early numbers to complete a set. Will pay current prices. Please communicate with the Secretary, Room 204, State Capitol, St. Paul, Minnesota, if you have any Journals to sell.

#### Journals on Hand

Elizabeth W. Howe, Hampton Institute, Hampton, Va., has a complete file of the *Journal* since September, 1923 (inclusive), which she will be glad to give away if postage is furnished.

#### Out of the Mail Bag

The *Journal* is very much in vogue with its new cover—the popular shade for 1926. All the changes and effort put into our *Journal* form a stimulus to read it more thoroughly, from cover to cover. Isn't it very "human" to want a change?

Ohio

O. E. S.

## Questions

The editors will welcome questions and will endeavor to secure authoritative answers for them.

10. What are the symptoms and treatment of intestinal tuberculosis?

*Answer.*—Dr. Lawrason Brown, writing of it in the *Journal of the Outdoor Life* for February, 1926, states that it is nearly always due to tubercle germs which have been swallowed and is usually a late complication of pulmonary tuberculosis. "It is, therefore, highly important for patients to swallow as little sputum as possible and to avoid constipation."

"The symptoms of the disease are at times so slight, so easily attributable to the pulmonary or other conditions, that until recently the early symptoms were entirely overlooked. A failure to improve when the pulmonary symptoms were lessening, a pronounced loss of appetite, or even marked nervousness may be the only indications."

Doctor Brown says the only way the disease can be properly diagnosed is by "properly taken and carefully studied X-ray plates" which means plates taken by experts who can detect physiological changes.

The outstanding treatment, according to Doctor Brown, is heliotherapy or sun treatment by either natural sunlight or by the ultra-violet lamp and this, of course, must be directed by a qualified physician. "Roughly speaking," says this authority, "it might be said that if we compare the treated with the untreated, three-fourths of the former recover while three-fourths of the latter die."

11. What is the comparative value of Cane Sugar, Beet Sugar, and Corn Sugar?

*Answer.*—The sugar of commerce is obtained almost entirely from sugar cane and the sugar beet. A discrimination is often made between cane sugar and beet sugar in that cane sugar is supposed to be purer and more satisfactory for canning and jelly making, but if both are subjected to the same degree of refining, their chemical composition is exactly the same and a chemist would be unable to determine their origin.

The preparation of the sugar crystals from the cane or beet juice is the same.

Cheaper grades of beet sugar may have a bitter taste or an odor suggestive of glue. Crude cane sugar is often sold as brown sugar, but crude beet sugar cannot be used because of its unpleasant flavor.

Commercial glucose or "corn syrup" is pre-

pared from starch by the action of dilute acid, generally hydrochloric acid. It is a viscid liquid and often contains a large proportion of dextrine as well as glucose. In Europe, potato starch is generally used for its preparation but in America, cornstarch is more often used.

Formerly sulphuric acid was used in place of hydrochloric acid and it still is used in some localities.

There have been, in the past, cases of arsenical poisoning from the use of glucose prepared with sulphuric acid which contained arsenic and one such case in England resulted in the death of several persons.

If commercial glucose contains only glucose and dextrins, there is no objection to its being used as a food. It is however less sweet than cane sugar and may be used as an adulterant of cane sugar.

Unfortunately, however, its purity is often questioned. One difficulty lies in the fact that the starch used as a starting point is not always purified and substances which are not carbohydrates may in consequence be contained in the final product. When properly prepared and the acid product thoroughly removed, "corn syrup" has practically the same food value as cane and beet sugar. When digested, it furnishes energy, and a given weight has about the same fuel value as an equal weight of sugar.

B. M. W.

12. Is it ethical to nurse the patients of osteopathic physicians?

*Answer.*—Nurses should know and follow the laws in their respective states relating to osteopathy. In states where osteopaths are licensed to practise, nurses may properly care for the patients of osteopaths who practise within the law. It is suggested that the official nursing bodies and the registries secure complete information regarding the laws of the respective states.

13. Is it ethical for a nurse upon being called to a patient to ask for information about the patient?

*Answer.*—It is ethical provided the nurse makes clear her reasons for questioning. Her desire to make an intelligent approach to her patient would be a perfectly legitimate reason for asking questions.



12. What are visiting or hourly instructors paid?

*Answer.*—Visiting instructors rightly base their charges on the quality of the preparation of the individual (it requires both time and money to obtain the preparation necessary for teaching!) and on the cost of living. The rates we have studied vary from \$3 to \$10 per hour, the former being the rate of an instructor who lived at home and who had no traveling expenses, the latter the rate charged, in one instance only, for lectures demanding highly specialized preparation and a great deal of travel.

One highly qualified woman, in addition to the usual considerations, bases her rate on the size of the classes—her basic rate of \$5 rising to \$7 per hour for classes of over 30 pupils.

The majority of answers received indicate that \$5 per hour is fairly generally accepted as a minimum rate for well qualified women who have to spend considerable amounts of time in travel.

13. What is Diverticulosis?

*Answer.*—*Diverticulum*: A pouch or pocket leading off from a main cavity or tube. (American Illustrated Medical Dictionary.)

*Diverticulitis*: Inflammation of a diverticulum. A condition marked by the formation of small pouches along the border of the colon which become filled with feces, which sometimes set up irritation and give rise to inflammation and abscess. (American Illustrated Medical Dictionary.)

"Congenital Conditions are occasionally met with affecting the intestine, and perhaps giving rise to serious complications. (a) The most common of these consists in what is known as Meckel's diverticulum, which occurs as an outgrowth from the lower end of the ileum. It may be patent for 1 or 2 inches, terminating possibly in a fibrous cord, which floats free among the intestines, or may contract adhesions, and thus determine an internal strangulation; sometimes it persists as an open tube as far as the umbilicus, giving rise to a congenital faecal fistula. It is due to non-obliteration of the omphalomesenteric duct. Many forms of acute abdominal trouble have been caused by this structure, and even inflammatory attacks similar to acute appendicitis; gall-stones or enteroliths have lodged within it and caused perforative peritonitis." (Rose and Carless "Manual of Surgery," page 1125.)

Acute diverticulitis occurs in "adults, mostly in males in midlife and given to obesity" (Joseph Ranshoff, in *Annals of Surgery*, August, 1913). There may be catarrhal inflammation. An abscess may form about the diverticulum. Perforation may occur, followed by abscess or general peritonitis, or the diverticulum may become gangrenous. When perforation occurs it is apt to take place into the mesocolon or through an epiploic appendix. Diverticulitis may cause in the intestinal wall the formation of scar tissue which can be mistaken easily for a malignant growth. As most diverticula are in the lower colon the symptoms are usually left-sided and strongly resemble appendicitis. Occasionally the condition is found in the cecum or ascending colon. Suppuration about the sigmoid does not of necessity arise from acute diverticulitis. Acquired diverticula do not arise in children, and yet Ranshoff (*Ibid.*) reported cases of acute perforating sigmoiditis in children.

*Chronic Diverticulitis*.—This occurs particularly in the sigmoid; produces pain, hemorrhoids, constipation and great thickening and is commonly mistaken for carcinoma.

Treatment of Acute Diverticulitis and of Perforating Sigmoiditis.—As for appendicitis. (Da Costa's "Modern Surgery," pages 1155 and 1156).

#### SPLENECTOMY

(A Further Answer to Question 4).—Dr. William F. Mayo, writing in *The American Journal of Medical Sciences*, March, 1926, gives data of 417 consecutive cases occurring between April 1, 1904, and January 1, 1926. The average hospital mortality was slightly more than 10 per cent.

Cause	Hospital mortality	
	Cases	Per cent.
Disease of the spleen due to infection and toxic agents	190	15.3
Abnormality of the white blood cells	50	4.0
Abnormality of the red blood cells	147	4.8
Splenic neoplasm	10	30.0
Surgical accident	10	---
Indefinite and unclassified	10	10.0
Total	417	10.3

Among the one hundred and ninety cases due to infection and toxic agents, were cases with chronic syphilis, tuberculosis of the spleen, and septic splenomegaly.



## NEWS

[Note.—News items should be typed, if possible, double space, or written plainly. Great pains should be taken with proper names. A marriage or death notice should be checked in every detail, for accuracy, before being forwarded, and the sender's name should be attached. All news items should be sent to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

### *The American Nurses' Association*

From every part of the country nurses are already on their way to Atlantic City to attend the Biennial Convention of the American Nurses' Association which will open Monday, May 17. The Steel Pier is in readiness for the great conclave, and the headquarters at Chalfonte-Haddon Hall will soon be seething with the members of the nursing profession.

General registration will be held from 8 a. m. to 5 p. m. daily at the Steel Pier, and all arrangements have been made to take care of the large crowds anticipated. Special daily features of the convention will be printed in a daily bulletin which will be issued under the auspices of the Health Congress, and conferences additional to those announced on the printed program will be posted on the bulletin board and will be announced in the daily bulletin.

Two of the most interesting women in America will appear on the program of the American Nurses' Association this year, Grace Abbott, chief of the U. S. Children's Bureau, and Miss Mary Anderson, director of the Women's Bureau of the U. S. Department of Labor. Miss Abbott, formerly director of the Immigrant's Protective League of Chicago, has come in close contact with the problems of the residents of the poorer districts of great cities. Her first national service for children was as director of the Child Labor Division of the U. S. Children's Bureau to which post she was appointed in 1917. After the first child labor law was declared unconstitutional, Miss Abbott became advisor on the War Labor Policies Board, secretary of the Child Welfare Conferences and secretary of the Children's Commission of the First International Labor Conference.

No celebrated woman in America ever had a more interesting experience than Miss Mary Anderson, director of the Women's Bureau. (See April Journal, page 328.)

### *Program of the General Sessions of the American Health Congress*

Many interesting speakers are in store for nurses and other health workers at the American Health Congress in which the American Nurses' Association is participating. The ses-



Underwood & Underwood Studios, Washington, D. C.

#### MISS MARY ANDERSON

DIRECTOR OF THE WOMEN'S BUREAU, U. S.  
DEPARTMENT OF LABOR, WASHINGTON, D. C.

sions on Monday, Tuesday, Thursday and Friday will be as follows:

#### Monday, May 17

8 p. m.—First Session, Steel Pier, Music Hall.

Chairman, Livingston Farrand, M.D., President of Cornell University.

Address, Financing Health, Lee K. Frankel, Ph.D., chairman of the National Health Council.

Address, Values in Public Health Work, Sir Arthur Newsholme, former principal medical officer of the Local Government Board for England and Wales.

#### Tuesday, May 18

3 p. m.—Second Session, Steel Pier, Music Hall.

Chairman, Linsly R. Williams, M.D., managing director of the National Tuberculosis

Association and secretary of the New York Academy of Medicine.

Subject for Discussion, Whose Business Is the Public Health?

The Standpoint of the Practising Physician, Clarence D. Selby, M.D., president of the Ohio State Medical Association.

The Standpoint of the Sanitarian, C.-E. A. Winslow, Dr.P.H., president of the American Public Health Association.

#### Thursday, May 20

8 p. m.—Third Session, Steel Pier, Music Hall.

Chairman, S. J. Crumbine, M.D., general executive of the American Child Health Association.

Subject for Discussion, Public Health and the Future of the Race.

Address, Dr. Charles P. Emerson, president of the National Committee for Mental Hygiene.

#### Friday, May 21

8 p. m.—Fourth Session, Steel Pier, Music Hall.

Chairman, William F. Snow, M.D., director of the American Social Hygiene Association.

Subject for Discussion, International Health.

Address, International Organization for World Health, George E. Vincent, Ph.D., president of the Rockefeller Foundation.

Address, Development of International Collaboration on Public Health Activities, Rene Sand, M.D., secretary general of the League of Red Cross Societies.

Address, Dr. Alice Hamilton, assistant professor of Industrial Medicine, Harvard University.

#### *Program of the American Nurses' Association*

The complete program of the American Nurses' Association convention is announced officially as follows:

#### Monday, May 17

2:30 p. m.—Steel Pier.

*Business Session*—Adda Eldredge, President, in the chair.

Call to order.

Roll Call by States.

Report of the Secretary.

Report of the Treasurer.

Reports of Standing Committees—(a) Membership, (b) Program, (c) Arrangements, (d) Publication, (e) Nominating, (f) Relief Fund,

(g) Revision, (h) Finance, (i) Headquarters, (j) Public Information.

Reports of Special Committees—(a) Federal Legislation, (b) Ethical Standards, (c) International Affairs, (d) Self Analysis, (e) Convalescent Homes for Nurses.

Report of the Delegates to the International Congress of Nurses held at Helsingfors, July, 1925.

Greetings from the *American Journal of Nursing* Editors.

Communications from the President.

Appointment of tellers.

New business.

#### Tuesday, May 18

9 a. m.—Vernon Room, Haddon Hall.

*Private Duty Section*—Helen F. Greaney, R.N., Chairman.

Call to order.

Report of Secretary of Section.

Communications from the Chairman.

Address, President of the American Nurses' Association.

Address, Hearsay and Fact in Private Duty Nursing, Janet M. Geister.

Discussion.

Unfinished business.

New business.

Election of Chairman, Vice-Chairman and Secretary for the Section.

8 p. m.—Joint session of the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing.

Adda Eldredge, R.N., President of the American Nurses' Association, presiding.

Invocation, Rev. A. W. Knight, Bishop Co-Adjutor of New Jersey.

Address of Welcome, Governor A. Harry Moore of New Jersey.

Addressees—Adda Eldredge, President of the American Nurses' Association; Carrie M. Hall, President of the League of Nursing Education; Elizabeth G. Fox, President of the National Organization for Public Health Nursing; Report of the Red Cross Nursing Service, Clara D. Noyes; Informal reception to foreign guests and others.

#### Wednesday, May 19

9 a. m.—Vernon Room, Haddon Hall.

*Legislative Section*—A. Louise Dietrich, Chairman.

Call to order.

Communications from the Chairman.

Subject—The National Board of Medical Examiners and Medical Licensure, Everett S.



GRACE ABBOTT

CHIEF, CHILDREN'S BUREAU, U. S. DEPARTMENT OF LABOR, WASHINGTON, D. C.

Elwood, Managing Director of the National Board of Medical Examiners, Philadelphia, Pa.

General Discussions on—(a) Legislative measures pertaining to Schools of Nursing; (b) Administration of Laws Governing the Registration of Nurses.

New business.

Election of Chairman, Vice-Chairman and Secretary of the Section.

2 p. m.—Steel Pier.

Joint session of the American Nurses' Association, National League of Nursing Education, National Organization for Public Health Nursing.

Carrie M. Hall, President of the National League of Nursing Education, presiding.

Subject, The Newer Developments in Adult Education, Joseph Hart, Ph.D., Associate Editor, *The Survey*; What This Movement Might Offer the Nurse, Mary E. Gladwin, R.N.

4-5 p. m.—Gold Room, Chalfonte Hotel.

Conference, State and Local Red Cross Committees, Clara D. Noyes, presiding.

5-6 p. m.—Meeting of the National Committee on Red Cross Nursing Service, Clara D. Noyes, Chairman.

8 p. m.—Joint meeting of the Boards of Directors of the American Nurses' Association,

National League of Nursing Education, National Organization for Public Health Nursing, Sun Parlor, Strand Hotel.

#### Thursday, May 20

9 a. m.—Vernon Room, Haddon Hall.

*Government Nursing Service Section*, Lucy Minnigerode, Chairman.

Call to order.

Communications from the Chairman.

Five-minute reports from the four government nursing services.

Addresses—Federal Prisons for Women, Mrs. Mabel Walker Willebrandt, Assistant Attorney-General, Washington, D. C.; Women in Industry, Mary Anderson, Director Women's Bureau, Washington, D. C.; What the Government Does for Its Sick and Injured U. S. Employees, Mrs. Parker Bruggeman, Chairman of the U. S. Employees' Compensation Commission; The Sheppard-Towner Bill in Relation to Nurses, Grace Abbott, Director, Federal Children's Bureau.

New business.

2-4 p. m.—Conference, State Chairmen of Nurses' Relief Fund, Mrs. Jannette F. Peterson, Chairman.

4-6 p. m.—Music Room, Chalfonte, Conference, Official Directories of Nurses.

#### Friday, May 21

9 a. m.—Vernon Room, Haddon Hall.

*Mental Hygiene Section*, May Kennedy, Chairman.

Call to order.

Communication from the Chairman.

Subject, A Course for Nurses in Mental Hygiene, Dr. Frankwood E. Williams, Medical Director, National Committee for Mental Hygiene, New York, N. Y.

Discussion opened by Katherine Tucker, General Director, Visiting Nurse Society, Philadelphia, Pa.

Subject, Psychiatric Nursing for the Student Nurse, Dr. Arthur H. Ruggles, Professor of Psychiatry, Yale University, New Haven, Conn.

Discussion opened by Effie J. Taylor, Associate Professor, Yale University School of Nursing, New Haven, Conn.

New business.

2:30-5 p. m.—Conferences.

#### Saturday, May 22

2:30 p. m.—Vernon Room, Haddon Hall.

*Closing Business Session*, President in the chair.

Report of Committee on Resolutions.  
 Unfinished business.  
 Report of Tellers.  
 Declaration of Election.  
 Introduction of New Officers.  
 Adjournment.

*Transportation Information in Connection with the American Health Congress, May 17-22*

In purchasing tickets, request should be made for a *certificate*. Do not make the mistake of asking for a "Receipt."

*Immediately upon arrival, present your ticket at the validation desk and have it endorsed by the endorsing officer, Mrs. Sally Durham Hanshue.*

No refund of fare will be made on account of failure to secure proper certificate when purchasing going tickets, nor on account of failure to present validated certificate when purchasing return ticket.

*Final Honoring Date, May 26, 1926*

The final honoring date is May 26th, which means that tickets may be purchased on the homebound trip as late as midnight of that date, and travel must *necessarily* commence prior to midnight of that date. The time limit beyond May 26, for reaching original destination, is allowed by the railroad on the same basis as the limit provided on the tariff for one-way fares from the place of meeting to the original starting point. These limits vary according to states.

*"I. C. N." Bulletins*

Following requests from a number of members, the American Nurses' Association has had mimeographed a limited number of copies of the bulletins of the International Council of Nurses from volumes I to VI, which were published by Christiane Reimann, Secretary of the International Council of Nurses, during her stay in the United States.

The complete file of the bulletins may be secured through the Headquarters of the American Nurses' Association, 370 Seventh Avenue, New York, upon the receipt of \$3 for the set.

The bulletins contain a wonderful fund of information and history and schools of nursing should not miss this opportunity to secure them for their libraries. Because of the limited number of copies, requests should be sent in immediately.

*The Nurses' Relief Fund*

This fund exists to help members of the American Nurses' Association who are ill and cannot pay all of their own expenses. The amount paid is based on the need of the applicant and rarely exceeds \$20 per month.

REPORT FOR MARCH, 1926

Balance on hand, Feb. 27, 1926...	\$32,864.84
Interest on bonds .....	340.68
Interest on bank balance .....	41.05

*Contributions*

Alabama: Dist. 2, Montgomery...	63.00
Arkansas: Dist. 6A, \$15; State Nurses' Assn., \$75.....	90.00
California: Dist. 5, Los Angeles, \$50; Dist. 6, San Francisco, \$26; Dist. 16, Orange, \$2; Dist. 22, Pasadena, \$2 .....	80.00
Connecticut: William M. Backus Hosp. Alum. Assn., Norwich....	10.00
District of Columbia: Providence Hosp. Alum. Assn., Washington, \$98; Graduate Nurses' Assn. of District of Columbia, \$259.....	357.00
Florida: Good Samaritan Hosp., West Palm Beach .....	22.00
Michigan: Kalamazoo Dist., \$8; Saginaw Dist., \$8.50; Farrand Training School Alum., Detroit, \$120; First Dist. Assn., \$25; Muskegon Dist. Assn., \$16; Marquette Dist. Nurses' Assn., \$27; Battle Creek District,—Battle Creek Sanitarium and Hosp. Alum. Assn., \$77; Nichols Hosp. Alum. Assn., \$4; individual members, \$19; Bay City Dist., \$5.50.	310.00
Minnesota: Dist. 3, Minneapolis General Hosp. Alum., \$33.50; Northwestern Hospital Alum. Assn., \$23; Fairview Hosp., \$8; individual members, \$32.50; Dist. 4, St. Joseph's Hosp. Alum. Assn., \$25; Ancker Hosp. Alum. Assn., \$4; St. Lucas Hosp. Alum. Assn., \$5; St. Luke's Hosp. Alum. Assn., \$48 .....	179.00
Missouri: Missouri Baptist Sanitarium Alum., St. Louis, \$123; Christian Church Hosp. Alum., Kansas City, \$45; Research Hosp. Alum., Kansas City, \$8; Children's Mercy Hosp. Alum., Kansas City, \$2 .....	178.00



Nebraska: University Hospital School of Nursing Alum., Omaha	10.00
New Hampshire: Margaret Pillsbury Hosp. Alum., Concord	10.00
New Jersey: Individual member, Newark	2.00
New Mexico: State Nurses' Assn.	25.00
New York: Dist. 2, St. Mary's Hosp. Nurses' Alum., Rochester, \$10; Dist. 7, \$25; St. Luke's Alum., Utica, \$25; Dist. 13, New York Hosp. Nurses' Alum., \$50; Roosevelt Hosp. Training School for Nurses, \$50; Beth Israel Hosp. Alum. Assn., \$10; three individual members, \$40.60; Dist. 14, Brooklyn Hosp. Student Nurses, \$25; individual member, \$1; commission from <i>Journal</i> subscriptions, \$5.25	241.85
Ohio: Dist. 12, Alum. Assn., Grant Hosp., Columbus	50.00
Pennsylvania: Allentown Hosp. Alum. Assn.	96.00
Rhode Island: Homeopathic Hosp. of Rhode Island, Providence	25.00
Texas: Dist. 3, Fort Worth, \$100; Dist. 6, Galveston, \$63	163.00
Washington: Dist. 3, State Nurses' Assn.	167.56
Wisconsin: State Nurses' Assn., \$100; St. Joseph's Hosp. Nurses' Alum. Assn., Milwaukee, \$25; eleven individual members, \$11	136.00
Cancelled check	15.00
<b>Total receipts</b>	<b>\$35,476.98</b>

**Disbursements**

Paid to 98 applicants	\$1,507.00
Exchange on checks	.70
Shipping charges on leaflets	.67
Telegrams	2.57
U. S. Liberty Bonds, 2d 4½s	10,218.50
9 American Tel. and Tel. Bonds	8,008.22
<b>Total disbursements</b>	<b>19,737.66</b>
Balance on hand, March 31, 1926	\$15,739.32
Invested funds	101,757.86
Balance in American Nurses' Assn. Nurses' Relief Fund Savings Account	5,140.23
	<b>\$122,637.41</b>

*A Correction.*—In the report of the Relief

MAY, 1926

Fund for December, 1925, under Minnesota, the contribution from District 5, should read from District 3. In the report of the Relief Fund for February, 1926, under Minnesota, the \$28 credited to the State Association should read Individual Members, \$28.

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks directly to the Headquarters office of the American Nurses' Association.

For application blanks for beneficiaries and requests for leaflets and other information, address the Director at the American Nurses' Association Headquarters.

### *The Isabel Hampton Robb Memorial Fund*

A fund derived from voluntary contributions; used for granting scholarships for preparation for educational or administrative work.

REPORT TO MARCH 9, 1926

Previously acknowledged \$30,484.44

**Receipts**

Massachusetts: Noble Hospital Nurses' Alum., Westfield	5.00
New York: Rochester Homeopathic Hosp. Nurses' Alum.	10.00

\$30,499.44

MARY M. RIDDLE,  
Treasurer.

### *The McIsaac Loan Fund*

A fund derived from voluntary contributions; used to grant loans for educational purposes.

Balance, March 8 \$130.79

**Receipts**

Massachusetts: Noble Hospital Nurses' Alumnae, Westfield	\$5.00
New York: Rochester Homeopathic Hosp. Nurses' Alum.	10.00

Balance, April 3 \$145.79

MARY M. RIDDLE,  
Treasurer.

Contributions to these two funds are solicited from nursing organizations and from individuals. Checks should be made out separately to Mary M. Riddle, Treasurer, and

sent to her in care of *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.

*National League of Nursing Education  
Convention, Atlantic City, May  
17 to 23, 1926*

**PROGRAM**

**Monday, May 17**

9-11 a. m.—Opening Business Session.

8 p. m.—General Session, American Health Congress. (See A. N. A.)

**Tuesday, May 18**

10 a. m.-1 p. m.—Open Session conducted by the Advisory Council.

2:30-4:30 p. m.—General Session, American Health Congress. (See A. N. A.)

8-10 p. m.—General Session, A. N. A., N. L. N. E., and N. O. P. H. N. (See A. N. A. program.)

**Wednesday, May 19**

10-11:30 a. m.—Conference: Forms of Government in Schools of Nursing.

11:30 a. m.-1 p. m.—Business Session (unfinished business from Monday).

2:30-4:30 p. m.—General Session, A. N. A., N. L. N. E. and N. O. P. H. N. (See A. N. A. program.)

**Thursday, May 20**

9-10:30 a. m.—Conference: An Evaluation of Various Types of Examination Questions.

10:30 a. m.-1 p. m.—Open Session, conducted by Instructors' Section.

Business Meeting: 10:30-11 a. m.

Program: 11-1 p. m.

General Topic: Supervision and Teaching of Clinical Nursing Methods of Increasing Ward Teaching and Improving Supervision.

Introduction, Mary M. Marvin, Assistant Professor, Biology and Nursing, Simmons College, Boston, Mass.

Development of Ward Teaching, Massachusetts General Hospital, Mina McKay, Medical Supervisor, Massachusetts General Hospital, Boston.

Discussion of a Community Experiment in Ward Teaching, Lucy Beal, Medical Supervisor, Peter Bent Brigham Hospital, Boston, Mass.

Teaching and Supervision of Medical Nursing, Gladys McCune, Illinois Training School for Nurses, Chicago, Illinois.

Teaching and Supervision of Surgical Nursing, Margaret Tracy, Instructor Yale University School of Nursing, Supervisor of Surgery, New Haven Hospital.

2:30-4 p. m.—Conference: Health as Part of a Nursing School Program.

4-5:30 p. m.—Conference: Midwifery.

8 p. m.—General Session, American Health Congress. (See A. N. A.)

**Friday, May 21**

9-10:30 a. m.—Conference: The Student Nurse in the Out-patient Department.

10:30-1 p. m.—Open Session, conducted by the Education Committee.

General Topic: How to Use the Standard Curriculum.

Principles of Curriculum Construction and Adjustment, W. W. Charters, Ph.D., Professor of Education, University of Chicago, Ill.

Use of the Standard Curriculum in the Construction of State Curricula, Caroline V. McKee, Chief Examiner, Nurses' Examining Board, Ohio.

How to Adapt the Standard Curriculum To Meet the Needs of: The Small Hospital School of Nursing, Helen D. Oehlschlaeger, Superintendent of Nurses, Englewood Hospital, Englewood, N. J.; The School of Nursing in a Special Hospital, Anna K. McGibbon, Superintendent of Nurses, Butler Hospital, Providence, R. I.; The University School of Nursing, Anna D. Wolf, R.N., Superintendent of Nurses, Albert Billings Memorial Hospital, Chicago, Ill.

2:30-4:30 p. m.—General Session.

Recent Developments in Professional Education, Robert J. Leonard, Ph.D., Director, School of Education, Teachers College, Columbia University, New York; Progress and Problems in Centralizing the Education of Nurses, Mabel F. Huntley, Director, School for Teaching Preliminary Courses in Nursing Education, Philadelphia, Pa.

8 p. m.—General Session, American Health Congress. (See A. N. A.)

**Saturday, May 22**

9-11 a. m.—Closing Business Session.

**Transportation**

(See American Nurses' Association.)

Headquarters: Hotel Strand.

*Reorganization of State Leagues of  
Nursing Education*

Because of probable changes in the membership clause of the National League of Nursing Education and State Leagues of Nursing Education at the Convention at Atlantic City, May 17-May 22, 1926, State Leagues are advised not to print their constitution and

by-laws until after that time. Further, all suggested corrections of the Committee on Revision of the National League of Nursing Education should be incorporated, and the corrected form finally approved by the Chairman of that Committee before the constitution and by-laws are printed. In states where there are local Leagues, the Committee on Revision of the National League of Nursing Education recommends that the reorganization of these Local Leagues be deferred until after the May Convention and the State League in which there are Local Leagues has entirely completed its reorganization.

MARY C. WHEELER,

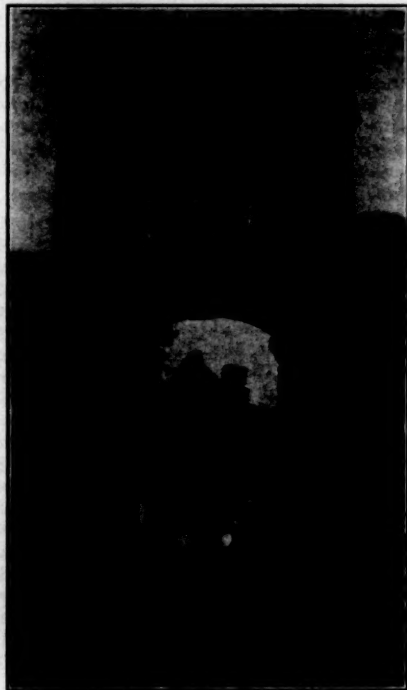
*Chairman, Committee on Revision, National League of Nursing Education.*

### *The Nurses' Association of China*

The Nanking Conference was held February 18-25, in the beautiful city of Nanking, once the capital of China, now full of historic interest, and a center of learning. Here are the Nanking University and Hospital, and College of Agriculture, Ginling College for Women, National Southeastern University and Law School, Theological Seminary for men, Bible Teachers' Training School for Women, and other fine schools.

An opening reception was held at Community Center, when President Bowen of Nanking University welcomed the delegates, more than two-thirds of whom were Chinese men and women nurses. The Association was honored by having in attendance, Nina D. Gage, President of the International Council of Nurses, Dean of Changsha School of Nursing, and Lillian Wu, the official delegate to Finland, of the Red Cross Hospital, Shanghai, and Jean Young of Manchuria, but owing to war conditions, nurses from Peking and the north were generally prevented from attending. Two physicians were delegates from the China Medical Missionary Association, evidence of the friendly coöperation between the medical and nursing professions in China.

The sessions were held in Sage Chapel of the University. Always before the audience was the N. A. C. emblem in letters and Chinese characters of gold, "With God nothing shall be impossible." The beloved General Secretary, Cora E. Simpson, told us of the progress made during the ten years since 1915. At that time three nurses took the national examinations, in 1925 there were over one thousand candidates. In 1920 the Association numbered 132, in 1926 there were 1,186, besides 89 retired from the field. There



MEIGS HALL, NANKING UNIVERSITY

This is the entrance and gives a good idea of Chinese architecture.

now are 125 registered schools with 1,700 student nurses. This is due in great measure to her indefatigable work, she has travelled many thousands of miles, into almost every Province, in every kind of a conveyance, and in all kinds of weather, encouraging, strengthening, and helping to build up a strong and enduring Association. At first it was impossible to get Primary School graduates for our Training Schools, now Middle School graduation is required, this being asked for by the Chinese nurses themselves. Central Schools of Nursing and Educational Institutes are being planned. One of the most interesting trips was to the Ming Tombs. An approach was through fine broad walks guarded on either side by huge stone animals, through the impressive entrance to where they rest in Oriental splendor. A delightful afternoon was enjoyed by Chinese and foreigners at Ginling College. Doctor and Mrs. Hutcheson entertained the foreign delegates at tea, while the

Chinese greatly enjoyed the hospitality of the University students. Miss Gage gave a very enjoyable evening talk on History of Nursing, with lantern slides. One afternoon we visited the Mission to Buddhist priests, unique and the only one of its kind, founded by the Norwegian Mission. These priests are constantly travelling about the country from place to place, here they are entertained in typical Chinese style with Christian interpretation.

Gladys Stephenson, retiring President, who has done much to bring the N. A. C. into its present strong position in China, and the General Secretary, Cora E. Simpson, are leaving for furlough. The work will be carried on by the new President, Mrs. Todd, and Secretary, E. Hope Bell. The Association Headquarters have been moved to Hankow, land has been bought, and the work of building will go on in preparation for the International Congress of Nurses' meeting in 1929.

### *Army Nurse Corps*

During the month of March, 1926, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Army and Navy General Hospital, Hot Springs, 2nd Lieut. Gertrude Evert; to station hospital, Fort Banks, Mass., 2nd Lieut. Katie Murphy; to station hospital, Fort Benning, Ga., 2nd Lieut. Barbara Ziegler; to station hospital, Fort Bragg, N. C.; 2nd Lieut. Ruby Nichols; to Fitzsimons General Hospital, Denver, Col., 2nd Lieuts. Ethel Taylor, Ruby Boothe, Lillian Doyle, Bessie Miller; to station hospital, Fort Leavenworth, Kan., 2nd Lieut. Marie Ingram; to Letterman General Hospital, 1st Lieut. Grace E. Hill, 2nd Lieuts. Katherine S. King, Nellie I. Culliton, Catherine Duffy, Johanna Gorman, Louise R. Irvin, Myrtle L. Raines; to station hospital, Fort Monroe, Va., 1st Lieut. Clara Belle White; to station hospital, Fort Riley, Kan., 2nd Lieut. Mary Muldoon; to station hospital, Fort Sam Houston, Tex., 2nd Lieut. Alice J. Johnson; to Walter Reed General Hospital, 2nd Lieuts. Josephine Motl, Anna Motl; to station hospital, West Point, N. Y., 2nd Lieut. Catherine Morrison; to Philippine Department, 2nd Lieuts. Dorothy Catline, Inez H. Hulse and Nellie F. Rabold.

Eleven members have been admitted to the corps as 2nd Lieutenants and assigned.

The following named members, previously reported separated from the service have been re-assigned: 1st Lieut. Margaret Knierim to station hospital, Fort Benjamin Harrison, Ind.; 2nd Lieuts. Carolyn M. Peart, Clara H.

Cunningham to Fitzsimons General Hospital, Denver, Col.; 2nd Lieut. Lenore M. Kissane to William Beaumont General Hospital, El Paso, Texas; 2nd Lieuts. Janet A. Foran, Maude H. Littleton to Letterman General Hospital, San Francisco, Cal.; 2nd Lieut. Elizabeth Michener to station hospital, Fort Sam Houston, Texas.

JULIA C. STIMSON,  
*Major, Supt., Army Nurse Corps.*

### *Navy Nurse Corps*

During the month of March, seven nurses were appointed and assigned to duty.

*Transfers:* To Annapolis, Md., Rachel K. Mitinger, Agnes S. Keim; to Great Lakes, Ill., Beulah A. Buchanan, Bessie C. Graham and Ada Chew; to League Island, Pa., Ida L. Hodge, Chief Nurse and Helen M. Bunty; to Mare Island, Cal., Ruth Ingram, Ida A. Netter and Nancy A. Erwin; to Newport, R. I., Teresa Weigand; to New York, N. Y., Matilda E. Anderson, Della A. Killen and Annie Bovaird; to Norfolk, Va., Allene M. Templeton; to Norfolk, Va., Dispensary, Navy Yard, Susie I. Fitzgerald, Chief Nurse; to Pensacola, Fla., Stella Pettway; to Quantico, Va., Lucy H. Russell; to St. Thomas, V. I., Cecilia M. Eagan.

*Honorable Discharge:* Grace A. Bidgood, Gertrude N. Campbell, Chief Nurse, Ruth E. Metcalf and Helen Rein.

*Resignations:* Miriam I. Lingo and Loretta I. Champoux.

J. BEATRICE BOWMAN,  
*Superintendent, Navy Nurse Corps.*

### *U. S. Public Health Service Nurse Corps*

#### *REPORT FOR MARCH*

*Transfers:* To Chicago, Ill., Mrs. Katherine Taulbee; to Cleveland, O., Mrs. Belle Rush; to Fort Stanton, N. M., Emma D. Kincannon; to Mobile, Ala., Cora M. Conner; to New Orleans, La., Margaret L. Byrd; to Stapleton, N. Y., Anna Svensson; to Port Townsend, Wash., Minnie V. Black.

*Reinstatements:* Carolyn Bauerman, Mrs. Ruth Felt Burroughs, Leona S. Riason, Laura F. Carney, Mae Digby and Helen Churchill.

*New Assignments:* Eight.

LUCY MINNIGERODE,  
*Supt. of Nurses, U. S. P. H. S.*

### *United States Veterans' Bureau*

#### *REPORT OF THE NURSING SERVICE FOR MARCH*

*Assignments:* Fifty-two.

*Transfers:* To The Bronx, N. Y., Margaret Leary; to R. O., New York, Julia Burke; to



Newark, N. J., Alice Clasby; to Portland, Ore., Mary A. Culbertson, Chief Nurse; to Sunmount, N. Y., Clara Quinlan, Chief Nurse; to Ft. Bayard, N. M., Zella Bradford, Asst. Chief Nurse, Jessie H. Young, Jennie Snowdon, Willse Hill; to Jefferson Barracks, Mo., Clara M. Spielman, Susie O'Neill, Harriet Rivett; to Palo Alto, Calif., Mayme D. Hall; to Outwood, Ky., Mame K. Dougherty, Nina B. White, Elizabeth C. Schau; to N. Little Rock, Ark., Bessie L. Bement, Adelaide Curley; to Maywood, Ill., Eugene Clark; to Augusta, Ga., Gretchen Dyer; to Pittsburgh, Pa., Emma Andress; to Philadelphia, Pa., Sophie McKenzie; to Tucson, Ariz., Elizabeth Stewart; to Algiers, La., Alma Underwood; to Excelsior Springs, Mo., Gertrude Pullum; to Minneapolis, Minn., Augusta Peterson; to San Fernando, Calif., Elizabeth Annan, Hanna T. Collins, Drucilla Gubbins, Minnie L. Babcock, Nellie Gifford, Laura M. Cyr, Marie L. Gamble, Mary Hall, Golda M. Knott, Margaret P. Little, Edna M. Hill, Anna E. Fleming, Emilie L. Herrmann, Mary Quail, Beatrice Stynes and Josephine Seger; to Aspinwall, Pa., Garda Nelson; to Boise, Idaho, Ruth Cottrell, Lula Leighton; to Ft. Harrison, Mont., Eleanor Vogel, Alma Stahl; to Sheridan, Wyo., Anna M. Hocker; to Dwight, Ill., Alpha Hoover, Chief Nurse; to Berry Point, Md., Elizabeth Sewell; to Great Lake, Ill., Lucile Moorman; to Gulfport, Miss., Winona Netterville, Ophelia Goldate, Winnie Coulter.

During the month the Superintendent of Nurses visited the following stations for the purpose of supervising the work of the nurses on duty: Regional offices, Chicago, Ill., Edward Hines, Jr., Hospital, Maywood, Ill., U. S. Veterans' Hospitals, Great Lake, Ill., Minneapolis, Minn., St. Paul, Minn., St. Cloud, Minn. and Waukegan, Wis.

MARY A. HICKEY,  
Superintendent of Nurses.

### *U. S. Civil Service Commission*

The United States Civil Service Commission announces an open competitive examination for the position of trained nurse (psychiatric) to fill vacancies in the Panama Canal Service. Apply to the U. S. Civil Service Commission, Washington, D. C., or to the post office or custom house in any city.

### *Conference on Narcotic Education*

A world conference on narcotic education will be held in Philadelphia, July 5 to 10. The meetings will be open to the public.

MAY, 1926

### *State News*

**Arkansas:** THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will hold its semi-annual meeting for the purpose of examining applicants for registration, May 3 and 4, 1926, in the State Capitol Building, Little Rock. Ruth Riley, Secretary.

**California:** THE CALIFORNIA STATE NURSES' ASSOCIATION, CALIFORNIA LEAGUE OF NURSING EDUCATION, and the STATE ORGANIZATION FOR PUBLIC HEALTH NURSING will meet in Long Beach for their joint annual convention, June 28-July 2. A splendid program is being arranged so that each section will be able to go to all the meetings. Each section will enter a competitive demonstration clinic or exhibit to represent some phase of nursing work. A silver cup will be given to the winning section and competition for it is keen at the present time. **Los Angeles.**—Summer courses will be given at the Southern Branch, University of California, June 26 - Aug. 7. **San Francisco.**—Summer courses will be given by the University of California (Berkeley), June 21-July 31, and at Stanford University, June 22-August 28. THE NORTHERN BRANCH OF THE STATE LEAGUE met on March 19 and enjoyed a lecture on Sir William Osler, the Man, by Doctor Gilcreest.

**Colorado:** The Headquarters for the Colorado Nurses at the A. N. A. convention will be in the New Belmont Hotel. **Denver.**—Mae E. Coloton, formerly at the Abbott Hospital, Minneapolis, has become Director of the School of Nursing, University of Colorado.

**Connecticut:** **New London.**—THE ALUMNAE ASSOCIATION OF THE LAWRENCE AND MEMORIAL ASSOCIATED HOSPITALS had a most successful year in 1925. Twelve new members were admitted, making the total membership 127, 56 of these being out-of-town members. Six regular and two special meetings were held. A banquet was given the graduating class in October. Three funds were started,—first, the Nurses' Home Fund, each member pledging \$20, with the hope of raising \$1,000 in two years; second, the Nurses' Sick Benefit Fund, \$1 per capita being pledged, the aim being to provide special nurses for members who are ill; third, the Agnes Scott Fund, in memory of a deceased member of the class of 1922. A farewell banquet was given Miss Prindeville, Superintendent of the Hospital, when she left for a European trip, having been granted a three months' leave of absence. The Alumnae also helped

light ten candles on the *Journal's* birthday cake. Waterbury.—Marion H. Wells has resigned as Superintendent of the School of Nursing of Waterbury Hospital.

Delaware: The next examination for registration of nurses will be held on Monday, June 7, 1926, at the Delaware Hospital, beginning at 9 a. m. All applications should be sent to the Secretary, Mary A. Moran, to St. Luke's Hospital, Philadelphia, not later than May 28.

District of Columbia: Washington.—The meeting of the DISTRICT LEAGUE OF NURSING EDUCATION was held March 25, in the Nurses' Quarters, Children's Hospital. The subject under discussion was "Our Internal Affairs" which proved most interesting and quite "stimulating." Nellie Oxley, Executive Secretary of the St. Barnabas Guild, gave a brief picture of the object and scope of their work. A delightful social hour followed.

Florida: THE FLORIDA STATE EXAMINING BOARD OF NURSES will hold an examination for registration, for graduate nurses, on June 7 and 8, and for licensed attendants, on June 9, 1926, at the Seminole Hotel, Jacksonville, beginning promptly at 9 o'clock a. m. Applications must be filed with the Secretary, Mrs. Louisa B. Benham, Hawthorne, not later than May 1, 1926. THE UNIVERSITY OF FLORIDA, Gainesville, will give courses in Nursing Education and Public Health at its summer session, June 14-August 6.

Georgia: The Southern Dinner to be held at the convention at Atlantic City will be on Thursday, instead of Wednesday. Atlanta.—The February meeting of the Alumnae Association of the Georgia Baptist Hospital was a Silver Tea held on the 24th at the home of Mrs. Fife. After a short business meeting a musical was enjoyed. The proceeds of the Tea, \$9, was given to the Mission work of the church. The March meeting of the ALUMNAE ASSOCIATION OF THE DAVIS AND FISCHER SANITARIUM was held March 8. Jessie Veasey, the President, brought the following recommendations to the members: That a committee on Cooperation be appointed consisting of three members who had been members of the Alumnae at least three years, the three class presidents, the instructor, the Superintendent of Nurses, and the President, *ex officio*. This committee would assist in all matters affecting the Training Schools, that a Junior Membership be arranged for the Senior Class of the training school. Miss Van De Vrede addressed the

Association. The twenty-five nieces and nephews of Mrs. Florence Candler Harris as a memorial to her memory have announced a gift of \$150,000 to erect a Nurses' Home for Wesley Memorial Hospital School of Nursing connected with Emory University. Augusta.

—The regular monthly meeting of the SECOND DISTRICT ASSOCIATION was held at the Woman's Club on February 8. A talk on Sociology by Harold Meyer of the University of North Carolina was enjoyed. Alma Brown, President, spoke of her trip to Atlanta with regard to the establishment of a headquarters for the State Association. A club of ten subscribers to the *Journal* has been sent in. The March meeting of the District was held on the 8th at the Woman's Club, and was addressed by Dr. C. S. Lentz of the University Hospital. Following the meeting, a Directors' meeting was held at which a special committee was appointed to assist the Private Duty Section in an adjustment of services and the District was divided into four parts with a team captain to arrange for the contribution of the District to the work of the Headquarters office. Commencement exercises for the graduating class of UNIVERSITY HOSPITAL were held in Tubman High School Auditorium, April 23, with seventeen nurses graduating. There are five colored nurses in the class this year from the Lamar training school.

Hawaii: THE NURSES' ASSOCIATION, INC., TERRITORY OF HAWAII, has chosen the following officers for 1926: President, Mrs. Helen Hatchell; secretary, Ella Kappel.

Idaho: THE IDAHO STATE NURSES' ASSOCIATION will hold its annual meeting at the Blue Triangle, Boise, May 4.

Illinois: THE UNIVERSITY OF CHICAGO is offering a summer course for nurses. THE ILLINOIS LEAGUE OF NURSING EDUCATION will conduct the fourth annual Institute in Chicago during the last two weeks of August. A very complete and comprehensive program is being planned, so that nurses in the various fields of nursing will find an abundance of material which will be of great educational value. The Institute is two weeks in length and is intended for the busy graduate nurse who cannot give the time to a longer course of study. A short course of lectures on the following subjects: Psychology, Teaching in Schools of Nursing, Communicable Diseases, including Tuberculosis, Psychiatric Nursing and Mental Hygiene is planned, so that the nurse can get a connected series on one topic.

The clinical material of the great hospitals of the city is available to all nurses attending the Institute. Excursions to these hospitals are systematically arranged, and demonstrations in teaching, in new methods of treatment are given by experts in the different fields of nursing and hospital education. Nurses are urged to avail themselves of this wonderful opportunity for increasing their knowledge in any special phase of nursing in which they may be engaged. The complete program will be ready for distribution May 15. Those desiring a program or any further information should write to May Kennedy, Director of Institute, 6400 Irving Park, Blvd., Chicago. At a conference of representatives of the State Associations of Indiana, Iowa, Michigan, Wisconsin and Illinois held in Chicago, March 8, it was unanimously decided that a Great Lakes Division of the A. N. A. is desirable and that the representatives so report to their various Boards of Directors with the recommendation that such a Division be formed. THE MISSISSIPPI VALLEY CONFERENCE on Tuberculosis will be held at the Edgewater Beach Hotel, June 14-17. Eleven states are to be represented. The present and future needs in a program of public health activity will be discussed. RAVENSWOOD HOSPITAL held commencement exercises for a class of eleven at All Saints' Episcopal Church, April 18. Springfield.—The annual meeting of District 13 was held on January 5 at the Springfield Hospital. The following officers were elected: President, L. Maud Ryman, Jacksonville; vice presidents, Mary Woodward, Springfield, Katherine Reed, Jacksonville, and Alice Dalby, Springfield; corresponding secretary, Lucy Mount, Jacksonville; recording secretary, Blanche Starke, Springfield; treasurer, Elizabeth Derry, Springfield, Ill.; Chairman of Sections are, Public Health, Edna Lyman; Institutional and Educational, Mary Nesbith; Private Duty, Mae Wiggins. Jacksonville.—A regular meeting of District 13 was held on March 2, at Passavant Hospital, with an attendance of 90. After the business meeting, W. H. Newcomb, M.D., Morgan County Health Director, spoke on scarlet fever, and Ida B. Venner, Superintendent of the Hospital, on Hospital Improvements. She told of the modern improvements which had been made at Passavant Hospital, the new Isolation Cottage and the nursing technic in the care of contagious diseases which is supervised by a graduate nurse who has had special training in this work. She also reported that definite steps toward affiliation of Passavant

Hospital school of nursing, with the Illinois Woman's College had been taken, and that the affiliation would be effected before the next school year. The course, as outlined, will require five years. The last three years of the course are spent in the Hospital, with advanced work at the College. At the completion of this course the student receives a Bachelor of Science degree from the College and diploma of graduation from the Hospital. This is the second school of nursing in District 13 to have College affiliation, as the Decatur and Macon County Hospital has affiliation with the John D. Milliken University. At the conclusion of the program, the guests were taken for a tour of inspection through the hospital. Members of the nursing profession were guests at the regular meeting of the Morgan County Medical Society, on March 11, at the Peacock Inn, with Dr. Ernest Sachs of the Washington University Medical School of St. Louis, as speaker of the evening. Doctor Sachs spoke on the Early Diagnosis of Brain Tumor, with lantern slide demonstration. Lillian Shade has accepted a position in the Woodstock Hospital, Woodstock. Florence Buchanan, Morgan County Contagious Nurse, is teaching three classes a week at Bluffs, in Hygiene and Home Nursing under the direction of the Red Cross. Maude Ryman, President of District 13, has been appointed Chairman of Health and Physical Education Section of the South Central Teachers' Association.

Indiana: Fort Wayne.—THE FIRST DISTRICT ASSOCIATION met on March 12 at the Wayne Pharmacal Auditorium. Martha Pittanger, Dean of Girls, South Side High School, gave an interesting talk on Relief Work in the East, and the Present Work. The next regular meeting will be held in May. Gary.—The regular meeting of the SECOND DISTRICT ASSOCIATION was held at St. Mary's Mercy Hospital, March 13. A most instructive and interesting paper, on Services in Medicine was read by Leo K. Ryan, M.D., of the Mercy Hospital Staff, in which he paid a tribute to the nursing profession, for the loyal support and efficient service given to the medical profession. The address by Mrs. Frank Sheehan, President of the Indiana State Federation of Women's Clubs, on Legislation, was appreciated. The discussion on Problems of Private Duty was animated. A short program of music and a playlet, Nearly a Doctor, was furnished by the students. A supper was served by the Sisters. The LOCAL BRANCH of



the INTERNATIONAL CATHOLIC GUILD OF NURSES held a bake sale on March 20 with great success, the proceeds to be used for the establishment of a scholarship fund.

**Iowa: Iowa City.**—THE FOURTH ANNUAL INSTITUTE of the State League of Nursing Education in coöperation with the State University will be held at University Hospital, May 4-6, with the following subjects and speakers: Outline of Dietetic Course for Nurses, Dr. Ruth Wheeler; A Course in Neuro-Psychiatry for Nurses, Dr. Samuel T. Orton; Nursing in Ophthalmology, Dr. Cecil S. O'Brien; Occupational Therapy in the Nurse's Curriculum, Jennie K. Allen; Out-patient Clinic and Social Service in Hospitals, Edith McCaul; Ward Supervision, Mae J. McArthur; Head Specialties, Lee W. Dean, M.D.; Orthopedic Nursing, Arthur Steindler, M.D.; Pediatric Clinic, Philip C. Jeans, M.D.; Lesson Planning, and Drugs and Solutions, Lola Lindsey; History of Nursing, Harriet Klien; Obstetrical Nursing, Mae Keller. Classes and demonstrations will add to the value of the Institute.

**Kansas:** DISTRICTS I and II held a joint meeting in Lawrence, March 9. Ninety-eight members from Kansas City, Leavenworth, Topeka, Atchison, and Ottawa, were dinner guests of the Lawrence, Douglas County Association. An entertainment, unique in its having been written and produced by Mrs. Jessie Scott, of local talent, was greatly enjoyed. Mrs. Bailey, President of the State Association, acted as program director. She stated the membership of the state association had increased the past year to well over 600 and expressed a wish that Kansas would have a large representation at the Biennial Convention. DISTRICT III, on March 27, held its semi-annual meeting in Coffeyville. An extensive plan for entertaining the state association for its annual meeting, October 7, 8 and 9, was arranged under the direction of the chairman of the State Program Committee, Sadie Allison. Following a resumé of the International Council of Nurses at Helsinki, Finland, by Mrs. Bailey, State President, resolutions relative to the establishment and maintenance of headquarters of the I. C. N. at Geneva, and ratifying action of the A. N. A. were adopted. DISTRICT VI held a monthly meeting, April 3, in Wichita. Resolutions ratifying action of the A. N. A. on headquarters at Geneva were adopted and a subscription to the I. C. N. Quarterly voted on. Mrs. Chas. C. Bailey gave an after-luncheon

talk on My Neighbor's Life and Child, a group of human interest sketches gathered from seven European countries, from the viewpoint of a nurse delegate to the International Congress. DISTRICT IV met in regular session at Emporia, April 6. The business meeting was preceded by a dinner and program with the Business and Professional Woman's Club at the Y. W. C. A., C. C. VanAtta of Topeka, representing the Capper Fund for Crippled Children, outlined the procedure, progress and results in the administration of this fund. Louise Withers, Field Director of Nursing Service American Red Cross, for Kansas, in her address, Ideals and Idealism, added much to the success of the meeting, and received a warm welcome from the Kansas nurses into her new field of service.

**Kentucky:** THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold semi-annual examination for registration of graduate nurses on June 2-3, 1926, in Frankfort at the State Capitol. Application and information may be secured from Flora E. Keen, Secretary, Thierman Apt. C-1, Louisville, Ky. THE KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES will hold its annual meeting in Louisville, at the Kentucky Hotel, June 10, 11 and 12.

**Maryland:** THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for State Registration, on May 3, 4, 5, 6. All applications must be filed not later than April 15 with the Secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore. Centreville.—Nellie Rothwell has resigned from the U. S. Veterans' Bureau, after serving the Government for ten years continuously, in various capacities,—on the Mexican border, in the World War, and among ex-soldiers.

**Massachusetts:** THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its annual meeting in June, the exact date to be announced later. Boston.—The regular monthly meeting of the NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION was held in the Town Room Library, Boston, March 13. The speakers of the evening were Sophie Nelson of the National Organization for Public Health Nursing, and Dr. Henry B. Elkind, Medical Director, Massachusetts Society for Mental Hygiene. Fall River.—The first public whist given under the auspices of the FALL RIVER GENERAL HOSPITAL NURSES' ALUMNAE ASSOCIATION, March 24, proved a tremendous success. On April 6, the Association



gave a theater party and banquet to the eleven members of the graduating class. Mary Boyle, President of the Alumnae, addressed the class, while Catherine Bradbury responded. Waverly,—"The Oak," the handsome bi-monthly paper of the McLean School of Nursing, has just "made its bow." It is already considerably more than an acorn and we predict that it may become a great oak. This is one of the results of the recent organization of the Alumnae of this well-known school which prepares both men and women especially for mental nursing.

**Michigan:** THE MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants in Lansing, Michigan, June 2 and 3, 1926. — Helen de Spelder Moore, Secretary. UNIVERSITY OF MICHIGAN COURSE IN PUBLIC HEALTH NURSING.—The department of Hygiene and Public Health in Education at the University will give during the summer session of 1926 a six weeks' course in Hygiene and Public Health. The course will start June 22, and subjects will be elected either without credit or as work done towards the Bachelor of Science Degree in Education. Courses which may be selected are: Principles of Public Health Nursing, Child Hygiene, School Health Problems, Public Health and Hygiene, Mental Hygiene and Tuberculosis Nursing. Other courses in other departments may be selected, such as Psychology, Education and Sociology. For further information concerning admission and housing, write to Mrs. Barbara H. Bartlett, 329 Natural Science Bldg., Ann Arbor, Michigan, University of Michigan. ALBION.—A meeting of the BATTLE CREEK DISTRICT was held at the Nurses' Residence, March 10. Dean Williams, of Albion College, gave an address on Service in Modern Life. Some of the members of the Twentieth Century Club put on a short play entitled "Gossip." Reports were read from the standing committees and from a special committee in regard to the care of a baby for whom the District has assumed the expense for a year. ANN ARBOR.—The regular meeting of the ANN ARBOR DISTRICT was held at the St. Joseph Sanitarium, March 11. Dr. Cyrenus Darling, President of the Michigan State Medical Association, gave a very interesting talk on the present day problems of the medical and nursing professions. THE ST. BARNABAS GUILD for Nurses will hold a Florence Nightingale Service on May 9, at St. Paul's Cathedral. Members from all the

Schools of Nursing in the city of Detroit will be present in uniform. THE FARRAND TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular meeting at McLaughlin Hall, April 13. Mary C. Wheeler spoke on Nursing Problems of the State, also upon the coming Convention at Atlantic City. THE FIRST DISTRICT ASSOCIATION met at Grace Hospital, April 9. The paper of the evening was given by Dr. John L. Chester of Providence Hospital on the subject of Diets and Dietotherapy. THE DETROIT LEAGUE OF NURSING EDUCATION met at Grace Hospital, March 31. The meeting was occupied with an extensive report concerning the Practical Nurse and the Trained Attendant. Mrs. Louise E. Feist of the Children's Hospital of Michigan has been chairman of this committee for two years. The report of her committee was turned over to the Central Bureau of Nursing. MUSKEGON.—Mellea Hutzel of the Health Department of Lansing addressed the members of Muskegon District on March 10, on Health. The talk was much enjoyed.

**Minnesota:** Minneapolis.—An institute will be held at the University of Minnesota, June 8-10.

**Missouri:** St. Louis.—The Alumnae of the Washington University School of Nursing had the honor of being hostess to the School and the other Schools of Nursing of St. Louis, on February 18, with Major Julia C. Stimson as speaker of the evening. Miss Stimson spoke on The Value of Organization to Nurses. The students from the various schools were present in uniform. The Washington University School of Nursing assisted by the Alumnae were hostesses at a tea given in honor of Major Stimson on February 19 at the nurses' residence. The annual meeting of the ST. LOUIS LEAGUE OF NURSING EDUCATION was held at the Central Club on March 24. The following officers were elected: President, Doris Dix; vice president, Janet Bond; treasurer, Louise Heitzberger; secretary, Janet Jennings; and three directors. The constitution and by-laws have been revised so that membership in the St. Louis League automatically makes one a member of the State and National Leagues. The St. Louis League has a membership of 42. Gertrude Allen (Jewish Hospital, class of 1909) has accepted a position as Superintendent of the Hopewell Hospital, Thermopolis, Wyoming.

**Montana:** The annual meeting of the MONTANA STATE BOARD OF EXAMINERS FOR

NURSES will be held at the State Capitol, Helena, on June 1 and 2, for the examination and registration of nurses. Secretary-treasurer Frances Friedrichs, Box 928, Helena, Montana.

**Nebraska:** THE STATE BOARD EXAMINATION FOR NURSES will be held June 21, 22 and 23, both at Lincoln and Omaha. Mrs. Clark Perkins, Director, Bureau of Examining Boards.

**New Hampshire:** THE STATE ASSOCIATION will hold a meeting in Portsmouth, June 9. Portsmouth.—The annual meeting of the FRANKLIN HOSPITAL ALUMNAE was held March 17, with Mrs. Caroline Dorman, seven members being present. It was decided to give \$5 to the Nurses' Relief Fund. Officers were elected: President, Mrs. Caroline Dorman; vice president, Mrs. Edith Hebert; secretary, Mrs. Mildred Buswell; treasurer, Mrs. Bertha Colby.

**New Jersey:** THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold an examination at the State House, Trenton, at 9:30 a. m., June 18. Applications must be in the hands of the Secretary-treasurer, fifteen days before that date. Mrs. Agnes Keene Fraentzel, 42 Bleeker St., Newark, N. J. THE NEW JERSEY STATE NURSES' ASSOCIATION held its annual meeting on April 9, at the State Hospital in Trenton, with Jessie M. Durstine, Superintendent of the School of Nursing, and Mrs. Lee Davis of the Board of Managers of the Hospital, as hostesses. Rev. Samuel G. Wells, Cannon of Social Service, Diocese of New Jersey, welcomed the nurses, and gave a brief history of the founding of the hospital which came into being as the result of the vision and untiring effort of Dorothea Dix, who was interested in the care of the mentally ill, and who, in 1848, succeeded in persuading the State Legislature to appropriate \$60,000 to build a hospital to care for them. Under the direction of Miss Durstine, a School of Nursing has been established, with the necessary affiliation with a general hospital to equip the graduates for State registration. The morning was given over to business. The following members were elected for two years: Second Vice-President, Martha W. Moore and Secretary, Gertrude M. Watson; Director for three years, Elizabeth J. Higbid. In the afternoon the League of Nursing Education presented an interesting program, Dr. Henry A. Cotton and Carolyn Gray, being the speakers. Doctor Cotton used slides to emphasize the special points in his subject,

The Care of the Mentally Ill, and the Need of Scientifically Trained Nurses for This Purpose. Miss Gray presented a very interesting picture of the experiments that have been, and are being made, in University Schools of Nursing, using the Yale School as an outstanding example. The officers and members of District No. 3 served luncheon at the Trenton Country Club, and at the close of the afternoon session a delightful tea was served. *Corrections.*—In regard to the prize songs in New Jersey, the statement that *The American Journal of Nursing* was the gift of Miss Chetwood, was an error. The subscription was given by the New Jersey State Nurses' Association. The theater benefit, reported in the April *Journal* was given by the Newark City Hospital Alumnae Association, not by the District. Nearly \$1,000 was raised, part of which will help support State Headquarters.

**New York:** THE HOSPITAL ASSOCIATION OF NEW YORK STATE will hold its second annual conference at the St. George Hotel, Brooklyn, May 27 and 28. **Auburn.**—The regular business meeting of the AUBURN CITY HOSPITAL NURSES' ALUMNAE ASSOCIATION was held on March 26 at the Nurses' Home. Mrs. Silas Taber gave a report of the March meeting of the District Association. The social hour was in charge of the student nurses of the Hospital who gave songs, a talk, and musical skits with appropriate costumes. The Alumnae will entertain the District Association at its June meeting. **Buffalo.**—The March meeting of DISTRICT No. 1 was held at the Buffalo General Hospital. Miss E. J. Clapp of the American Nurses' Association was present and addressed the meeting. Dr. Albert P. Sy, of the University of Buffalo, gave an illustrated lecture on Food Fads. A musical program was provided by the Alumnae Associations of the Deaconess and Our Lady of Victory Hospitals. **Brooklyn.**—On March 16, at the Hotel Bossert, the LONG ISLAND COLLEGE HOSPITAL NURSES' ALUMNAE had a delightful reunion dinner, at which the graduating class of 1926, 42 in number, was entertained. The Alumnae were honored by the presence of Irene Sutcliffe, who founded the Long Island College Hospital Training School, in 1882. The speakers of the evening were Dr. John O. Polak, Rev. John Howard Melish, Miss Robinson, Superintendent of the Training School, and Mary M. Roberts, editor of the *Journal*. The Association felt particularly fortunate in having Miss Roberts who spoke so ably on nursing problems of the

present day and their possible solutions. **Newburgh.**—The annual meeting of DISTRICT No. 11 was held at St. Luke's Hospital, on March 12. Many nurses were present from Newburgh, Kingston and Middletown. A very interesting visitor, Harriet Bailey, State Inspector of Training Schools, was the principal speaker and gave a valuable talk on general nursing topics. Sister Bernice, President of the District, followed Miss Bailey with many worthy suggestions and valuable advice. The presidents of the various alumnae gave the statistics and activities of their hospitals and alumnae associations. All officers were re-elected. The Newburgh nurses made special mention of the death of their benefactress, Mrs. Frederic Delano Hitch, who died on March 7. In the vestibule of the Nurses' Home is a tablet in memory of Frederic Delano Hitch. This Nurses' Home for St. Luke's Hospital was built by his wife. They spoke feelingly of the great interest she had always taken in their hospital. After adjournment of the business meeting a social period followed with refreshments, St. Luke's nurses acting as hostesses. **New York City.**—Summer courses are given at Teachers College, July 6-August 13. Jane E. Van Zandt, a graduate of the New York Post Graduate Hospital, who has been at the American University Hospital in Beirut, Syria, for 21 years, is now in this country. She is looking for graduate nurses who can assist her in raising the standards of the school of nursing where students of many nationalities are taught nursing in accordance with American methods from American textbooks. On March 2, the annual meeting of the NEW YORK COUNTIES REGISTERED NURSES' ASSOCIATION, DISTRICT 13, was held at the Central Club for Nurses. The following members were elected to office for the year 1926-1927: President, Elizabeth C. Burgess; vice president, Agnes Gibney; recording secretary, Mary A. Creed; corresponding secretary, Emma B. Lindheimer; treasurer, Katherine J. Steele; and two directors. THE NURSING DIVISION OF THE NEW YORK COUNTY CHAPTER OF THE AMERICAN RED CROSS gave a tea at the Central Club on April 7 for Dorothy Wetherald, who is resigning her position as assistant to Miss Johnson and plans to spend the summer abroad. Miss Wetherald is succeeded by Annie Thomas, long identified with the Social Service work of Presbyterian Hospital. THE SOCIAL SERVICE BUREAU OF BELLEVUE AND ALLIED HOSPITALS entertained several hundred guests at the Colony Club at a re-

union in celebration of twenty years of hospital social service in Manhattan, on March 18. Mary E. Wadley, Director of the service through all the years, was the recipient of as many flowers as a debutante and was the radiant center of the program and the tea which followed it. Her "Story of the Years," though simply told, proved a marvelous record of the very human drama unfolded by the development of the largest hospital social service organization in the world. It is significant that Miss Wadley's workers are all nurses. Dr. Ransom S. Hooker presented The Medical Point of View and Dr. John Alexander Miller discussed The Past and the Future. Dr. Gilbert Seymour and others paid tribute to the work of the woman who has so conspicuously demonstrated her love of mankind. Graduates of 1926 of the NEW YORK POST GRADUATE HOSPITAL have accepted appointments as follows: Violet Reams and Margaret C. Desmond, in their own hospital; Marion Fisher, at Lying-in Hospital; Frances DeBoer, at Sloane Maternity Hospital. ST. LUKE'S HOSPITAL held graduating exercises for a class of fifty, on April 22, in the chapel of the hospital. BROAD STREET HOSPITAL held graduating exercises at the Central Club for Nurses for a class of eleven. The diplomas were presented by James Barber. Prizes were won by Helen Farrell, Lilian Nelson, and Ruth Locke. **Rochester.**—The monthly meeting of the GENESEE VALLEY NURSES' ASSOCIATION, DISTRICT 2, was held on March 19 at St. Mary's Hospital. Edith Clapp, National Field Secretary, gave an inspiring address. Elizabeth Gallery has resigned as Superintendent of the Park Avenue Clinical Hospital to accept a similar position at the Latrobe Hospital, Latrobe, Pa. Miss Gallery has done excellent work and has been an active member of the District Association. **Syracuse.**—The regular meeting of DISTRICT No. 4 was held March 18, in the Auditorium of The Mizpah. Miss Clapp, the National Field Secretary, gave a very interesting talk on the work and told about the plans for the Biennial. In the evening Miss Clapp talked with the students of each school at The Hospital of the Good Shepherd. **Utica.**—DISTRICT 7 held a meeting at the Homeopathic Hospital, March 11, when Edith Clapp, Field Secretary of the American Nurses' Association, spoke. A playlet, Awakening of a Modern Nurse, was given. Rose Frankhouser, recently returned from Java, spoke. The May meeting will be held at the Broad Street Hospital, Oneida. **Watertown.**

—THE CENTRAL REGISTRY FOR NURSES OF JEFFERSON COUNTY, INC., is the result of consolidating two Alumnae registries.

**North Carolina:** An Advisory Council meeting of the NORTH CAROLINA STATE NURSES' ASSOCIATION was held in Raleigh January 23. It was decided to change the time of the State meeting to the fall, on account of the Biennial Convention. The meeting will be held in Goldsboro, October 11-13, and will be followed by the fall meeting of the Board of Examiners in Raleigh. A report was made to the meeting by the Educational Director of her work, this office having been established at the last State meeting. The relief fund has been made into a trust fund. Several nurses are now being benefited by it. Mary Wyche, one of the incorporators of the Association, is preparing a history of nursing. **Wilmington.**—At a meeting of DISTRICT No. 10, a very good program of Laboratory Technic was given.

**North Dakota:** Evelyn Fox, Director of Nursing Service, Trinity Hospital, Minot, has been appointed a member of the North Dakota State Board of Nurse Examiners. **Bismarck.**—Susan V. Schaeffer, of Scranton, Pa., has been appointed Superintendent of Bismarck Hospital.

**Ohio:** THE NURSES' EXAMINING COMMITTEE of the State Medical Board will hold an examination for registration of nurses, June 7, 8 and 9 at Columbus, Ohio. Application must be filed well in advance at the office of Secretary, Room 110, Hartman Ohio Bldg., Columbus. **Cincinnati.**—A summer course for nurses will be given at the University of Cincinnati, June 21- July 31. **Columbus.**—THE TWELFTH DISTRICT ASSOCIATION held a bazaar on March 27, as an initial step toward financing a club house. In connection with the bazaar, 85 subscriptions to *The American Journal of Nursing* were obtained, the commission on these being given to the Club House fund. Mary A. Jamieson, State President, was chairman of the bazaar committee and because of the splendid cooperation of the alumnae associations in the district, not only was the sum of \$1,100 realized, but nurses were brought together in a common interest. At the March meeting of the District, Judge John Cassidy spoke on Taxation. The April meeting was held in the new Guild Room of the White Cross Hospital with a program of music and readings. A card party for the benefit of the Club House will be held on May 8 at Fort Hays Hotel. **Dayton.**—

The regular meeting of DISTRICT 10 was held at the Gray Manor, March 16. Miss Lorimer, treasurer of the American Nurses' Association, was the speaker and was much enjoyed. **Hamilton.**—DISTRICT 8 will hold a meeting on May 24 in the Nurses' Home of Mercy Hospital. **Portsmouth.**—Graduates of the PORTSMOUTH GENERAL HOSPITAL, formerly the Hampstead Hospital, have organized an Alumnae Association. One of their first activities was the giving of a banquet and reception to the graduating class and the installing of a reference library in the Nurses' Home. This year's class will be entertained on or about May 12. DISTRICT 15 has elected new officers: President, Lucy Lynn; vice presidents, Dora Pettit and Mrs. Jennie Corson; secretary, Mrs. Goldie Huffman; treasurer, Ada Mae Lammers, and four trustees. Monthly meetings are held at local hospitals with private duty, public health or educational sections in charge of the programs. The March meeting was held at Mercy Hospital, when Mrs. Catherine Hendrix, Field Worker for the Division of Charity for Crippled Children, Cincinnati, was the speaker. Reverend John A. Lynch addressed the nurses of Mercy Hospital, March 7, on the need of nurses in the medical missionary field. **Warren.**—Mary Jamieson, State President, addressed a large meeting of District No. 3 at The Warren City Hospital, on March 18. Warren City Hospital Alumnae and Associates were hostesses.

**Pennsylvania:** **Ashland.**—ASHLAND STATE HOSPITAL ALUMNAE ASSOCIATION held an interesting and well attended meeting at the Nurses' Home on March 10. Ella Haenjaeger, Director of Nurses, spoke on Hospital Management. The Association was accepted as a member of District 2 in January. **Philadelphia.**—A regular meeting of the ALUMNAE ASSOCIATION OF THE PROTESTANT EPISCOPAL HOSPITAL was held in the Nurses' Home, February 2. The newly elected officers began their term of office: President, Mrs. Nellie F. W. Crossland; vice presidents, Annabelle Behman, Katherine Cleveland; secretary, Mildred Wolfe; treasurer, Amelia S. Diller. At the March meeting, Dr. James Kay gave an interesting lecture on Diabetes and Its Treatment. **Pittsburgh.**—THE NURSES' CLUB OF PITTSBURGH was formally opened in April. This is the culmination of more than a year of active work on the part of various counties of the Sixth District. At a Get-together Dinner, under the Chairmanship of Mary Walton, in May, 1925, nurses



and alumnae associations pledged the purchase of bonds to the value of \$42,000 and the project moved forward rapidly from that moment. The property consists of three connecting houses with an auditorium, a splendid diningroom, and a total of about thirty rooms, some of which have been in use since November, at which time the Central Registry also moved in. Pittsburgh nurses are justly proud of their Club and extend the most hospitable invitation to nurses from other cities to visit it. The Glee Club of the ALLEGHENY GENERAL HOSPITAL SCHOOL OF NURSING gave a concert at Carnegie Music Hall, on April 22, for the benefit of the endowment fund. A meeting of THE MERCY HOSPITAL NURSES' ALUMNAE ASSOCIATION was held in the lecture room on March 25. The usual order of business was deferred owing to the death of Doctor E. A. Weiss, Chief of Staff, in Honolulu, on March 24. A moment of silence and prayer was offered by the nurses as a tribute of their esteem. It was voted that all graduates and pupil nurses attend the funeral mass at St. Paul's Cathedral, in uniform.

**Porto Rico:** THE REGISTERED NURSES' ASSOCIATION OF PORTO RICO has the following officers and directors: President, Mrs. Erudina A. Crespo; vice president, Olimpia Toores; secretary, Victoria Castro; treasurer, Mrs. Isabel P. Delgado; directors, Francisca Salgado, Fortunata Feliciano, Mrs. Maria M. Diaz, Rosa A. Gonzalez is Executive Secretary.

**Rhode Island: Providence.**—THE HOMEOPATHIC NURSES' ALUMNAE ASSOCIATION held a reception in honor of the new Superintendent of Nurses, Grace Braiden. Representatives from all the other hospitals in the city were present. The March meeting of the RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION was held at the George Ida Chase Home on March 11. At the business meeting, changes in the constitution were discussed. It was decided to send a Senior student nurse to the convention in Atlantic City. A campaign for \$50,000 will soon be launched for a home for aged and convalescent nurses, to be known as the Lucy C. Ayers Home for Nurses in honor of the highly esteemed former superintendent of nurses, now at the Woonsocket Hospital. \$5,600 has already been pledged. Rev. Mr. Robinette gave a delightful talk on a Mediterranean cruise. St. Joseph's HOSPITAL NURSES' ALUMNAE held a very successful whist at the Nurses' Home on March 11. Evelyn Mulrenan, Super-

intendent of the School, acted as hostess. The proceeds will go to swell the fund for an endowed room for sick nurses.

**South Carolina:** THE SOUTH CAROLINA STATE NURSES' ASSOCIATION held its annual meeting in the Central Presbyterian Church, Anderson, April 21 and 22, with the following program. April 21, Call to order by the President, A. B. Commer; Addresses of Welcome, Mrs. Rufus Fant, Sr., and Mayor Foster Fant; response, Jane Fraser of Columbia. Addresses: The Nursing Care of Thyroid Cases, Hugh Smith, M.D.; Address, Miss Myers, Greenville; The Public Health Nurse's Work in South Carolina, Conya Traynham, Gaffney; Nurses and Hobby Horses, J. R. Young, M.D., Anderson; Discussion led by Miss Lockwood, Darlington; Address, Katharine Myers, A. R. C. Field Representative for South Carolina. 2. p. m.—Meetings of Sections, followed by an automobile ride about the city, with tea at the Anderson County Hospital. In the evening a banquet was enjoyed at the John C. Calhoun Hotel, with Jane Van De Vrede of Georgia as speaker. On April 22, the President's address was given and reports of committees and districts were received. A luncheon was given the members by the Anderson County Medical Society.

**South Dakota:** THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at the Capitol Building, Pierre, June 7 and 8, 1926. Applications must be filed with the Secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination. THE SOUTH DAKOTA GRADUATE NURSES' ASSOCIATION will hold its annual meeting in Pierre, June 9, 10 and 11. The opening session will be held the evening of June 8, so that nurses writing the State Board examinations may attend. The St. Charles Hotel will be the headquarters.

**Tennessee: Chattanooga.**—THE BARONESS ERLANGER HOSPITAL ALUMNAE ASSOCIATION held its monthly meeting at the home of Mrs. C. F. Broyles on March 17. Plans were materialized to have a rummage sale. The proceeds will be used to help raise the yearly one hundred dollar bond which the Association has pledged itself to buy. The Sick Committee reported six visits to sick nurses and flowers sent to three. A brief discussion of the March number of *The American Journal of Nursing* was led by Misses Abbott and Bumgarner. The Association was entertained by a dance, readings and a game. Margery

Burton of The Chattanooga Business Women's Club gave a very interesting talk on a Clavilux Recital. A St. Patrick's Day dance was given for the student body of the Baroness Erlanger Hospital School. Knoxville.—At the March meeting of the ALUMNAE ASSOCIATION OF THE KNOXVILLE GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES, a scholarship was established of \$250, to be known as the Lillian L. White scholarship, named in honor of the first Superintendent of Nurses of the school. The scholarship being given annually for one year's study. Where it is to be used, is to be determined by a committee. At the same meeting, \$100 was given to the Smoky Mountain National Park fund. Nashville.—Summer courses will be given at George Peabody College, June 7- July 16.

**TEXAS:** THE GRADUATE NURSES' ASSOCIATION OF TEXAS will hold its annual meeting in Houston, May 8-11.

**Vermont:** THE VERMONT STATE NURSES' ASSOCIATION will hold its annual meeting in Burlington, June 3, at the Hotel Sherwood. The tentative program includes meetings of Private Duty and Public Health sections, report of the national convention, and a visit to the Bishop de Gousbriand Hospital. Florence E. Miller of the Massachusetts Department of Public Health will be present. The headquarters for Vermont State nurses in Atlantic City will be The Rittenhouse Hotel.

**Virginia:** The twenty-sixth annual convention of the GRADUATE NURSES' ASSOCIATION OF VIRGINIA will meet in the Hotel Virginian, Lynchburg, May 4-6. A wide variety of subjects will come up for discussion and men and women of national and international reputation will be among the speakers; thus indications are that the convention this year will be a noteworthy one. Hon. Carter Glass, United States Senator from Virginia and a resident of Lynchburg, will give the address of welcome, to which Agnes D. Randolph will reply, while the remainder of the opening session will be devoted to reports and other routine business. Among these will be a statement from Martha Baylor, chairman of the Foundation Fund, concerning the progress being made by that fund toward its goal of \$50,000 with which will be established a chair of nursing at the University of Virginia. At the afternoon session on the first day, Dr. Leroy Calkins, professor of obstetrics, University of Virginia, will speak on Some Modern Methods in Obstetrics, which will be followed by an open discussion. This session

will be comparatively short as at 5 o'clock the nurses are to be the guests of the Lynchburg Kiwanis Club for an automobile drive. But that night Annie W. Goodrich, Yale School of Nursing, will be guest of honor and will speak on The Nurse and the Community. Miss Goodrich will be heard again the following morning, May 5, at the meeting of the Educational Section, when she will discuss Some Subjects of Fundamental Importance in the Basic Training of the Nurse, and will be followed on the program by Dr. Dice R. Anderson, president of Randolph-Macon College, Lynchburg, whose subject will be Vocational Guidance. That afternoon the Educational Section will hold round table discussions on technical matters and the Public Health Section will hear Mrs. E. R. Grant, director of nutrition for the Washington (D. C.) Tuberculosis Association, tell of A Nutrition Program in Washington. Dr. H. G. Grant, epidemiologist, Virginia State Board of Health, will speak on Toxin—Anti-toxin, giving demonstrations. The alumnae dinner will take place that night. The Public Health Section will have charge of the program the morning of the closing day when the principal speaker and guest of honor will be Clara D. Noyes, of the American Red Cross, who will take as her subject, The Graduate Nurse and Her Responsibility to the American Red Cross, while the remainder of the session will be given over to discussions on the prevention and care of typhoid. The annual election of officers will take place in the afternoon, followed by unfinished business and consideration of invitations for the place of meeting in 1927. The annual banquet will be held the night of May 6 with the Graduate Nurses' Association of Lynchburg as hostess, at which Lillian Van Pelt will preside. Agnes D. Randolph, president of the Association, has been chosen by the American Woman's Association of New York as its honorary member from Virginia, the only nurse in the country to receive this much coveted invitation. The association is comprised of a group of metropolitan business and professional women's clubs that is now building a \$3,000,000 club house. Being eager to give the benefit of this club house to a certain number of women throughout the country, it has adopted the policy of inviting one honorary member from each state who will have the privileges of the club when in New York.

**Washington:** The University of Washington will give courses for nurses during its summer quarter.

**Wisconsin:** The next State Board examination for the registration of nurses in Wisconsin is to be held June 1, 2 and 3 in Milwaukee and Ashland.—Adda Eldredge, Director Bureau of Nursing Education. The seventh annual CONFERENCE ON MATERNITY CHILD WELFARE AND PUBLIC HEALTH NURSING was held in the State Capitol, Madison, March 15-19. Some of the subjects presented were: March 15, Communicable Disease, Dr. H. M. Guilford; March 16, Infant Welfare, Doctor Allen and Doctor Calvert; Infant Hygiene, Mrs. Gertrude S. Hasbrouck; The Use of Vital Statistics, L. W. Hutchcroft; the Problem of the Mentally Deficient, Stella Stillson; Problems in Industry of Community Concern, Fred M. Wilcox. March 17, A School Health Education Program, Dr. A. M. Carr; Demonstration of School Physical Inspection.—Rural, Mary Regan; City, Laura Chase; Round Tables on School Nursing, Visiting Nursing, Posture. March 18, Meeting of State Organization for Public Health Nursing; Functioning in Public Health and Creative Citizenship, Helen Hoy Greeley; What the Layman Should Know about Prevention of Heart Disease, Robert B. Preble, M.D.; Getting Best Results from Publicity, I. W. Bridgman; The Emotional Set and Its Influence on Behaviour, Christine Heinig. March 19, Round Tables on Tuberculosis and Industrial Nursing; Orthopedic Nursing Care, Jessie L. Stevenson; Training the Child to Eat Essential Foods, Helen Parsons; Dangers of Promiscuous Relief Giving, Edith Foster; Reports on the Indian Service, Mrs. Sarah Smith, Mary Bangasser; What the Committee on Nursing Education Is Doing in Wisconsin, Adda Eldredge. Eau Claire.—The March meeting of the Tenth District was held at the Luther Hospital, March 9, \$12 were donated to the Visiting Nurses' Association and \$10 to the Girl Scouts' Organization. The program consisted of a talk on Basal Metabolism by Dr. F. G. Anderson. During the past month the Tenth District gave a dancing party, the proceeds of which are to be used as the initial donation to the proposed Wisconsin State Nurses' Relief Fund which the president, Cornelia van Kooy, recommended in her annual address. Almost \$100 was subscribed. **Madison.**—THE THIRD DISTRICT met March 9, at the Nurses' Home of the Madison General Hospital. A letter was read from Tora Johnson, Chairman of the State Private Duty Section, which brought out many problems of the private duty nurse. Myrtle Dean gave a paper on Nursing Prob-

lems Pertaining to the Schools of Nursing from an Educational and Administration Standpoint. Ellen Nelson Gratz presented a paper on Nursing Problems from a Registrar's Standpoint. Marie Puls told of the coming Public Health Institute. **Superior.**—THE ELEVENTH DISTRICT held its regular meeting on March 27. The alumnae of St. Mary's Hospital had arranged the following program: What Is the American Nurses' Association?, Adda Eldredge; Individual Differences, Professor Almy, Professor of Psychology, Superior Normal School.

**Wyoming:** THE WYOMING STATE BOARD OF NURSE EXAMINERS will hold examination at Cheyenne, June 8, 9, 10, 11. Application for examination or registration by reciprocity must be filed with the Secretary at least ten days before examination.—Mrs. H. C. Olsen, Secretary Examining Board, 3422 Warren Ave., Cheyenne. THE WYOMING STATE NURSES' ASSOCIATION will hold its annual meeting in Wheatland, June 25 and 26. **Wheatland.**—THE WHEATLAND GENERAL HOSPITAL will hold commencement exercises on May 12 in the Iris Theater. Governor B. B. Brooks of Casper will deliver the address.

### Marriages

Ruth Elenore Amidon (class of 1922, Hamot Hospital, Erie, Pa.) to Lewis R. Scarem, February 6. At home, Sherman, N. Y.

Martha L. Ballard (class of 1925, Wilhenford Hospital, Augusta, Ga.) to Emory Renfroe Hiers, March 31. At home, Augusta.

Eva Burnham (class of 1924, Luther Hospital, Eau Claire, Wis.) to John P. Veitch, February 17. At home, Eau Claire.

Alberta Williams Dozier (class of 1902, Grady Hospital, Atlanta, Ga.) to John Berry Williamson, February 21. At home, Ellaville, Ga.

Lillie Mae Glover (class of 1925, University Hospital, Augusta, Ga.) to Henry G. Mealing, M.D., March 21. At home, Baltimore, Md.

Elizabeth Terrell Gray (class of 1922, Virginia Hospital, Richmond, Va.) to J. W. Simpkins, M.D., April 6. At home, Mount Hope, W. Va.

Myrtle Griffin (class of 1917, Bethesda Hospital, St. Paul, Minn.) to Carl Cedergren, April 3.

Olive Hamburg (class of 1922, Bethesda Hospital, St. Paul, Minn.) to A. Christianson, M.D., April 3.

Harriett Luella Jones (class of 1924, Ottumwa Hospital, Ottumwa, Iowa) to Orlando McIntire, March 11. At home, Platteville, Colo.

Pearl Eleanor Keith (class of 1916, University Hospital, Augusta, Ga.) to James H. Butler, M.D., April 4. At home, Augusta.

Anna H. Leavell (class of 1920, Stetson Hospital, Philadelphia, Pa.) to David W. Henderson, February 10. At home, Pitman, N. J.

Esther Josephine Love (graduate of the New York Hospital School of Nursing, New York) to Herman Bryan, M.D., February 15, Shanghai, China.

Anne E. Oberholtzer (class of 1921, Lankenau Hospital, Philadelphia, Pa.) to P. A. Whitacre, March 6. At home, San Diego, California.

Helen Pfister (class of 1923, Lima Hospital, Lima, O.) to John Riker, April 2.

Helen Rousey (class of 1925, Passavant Hospital, Jacksonville, Ill.) to Lafayette Lamb, March 4. At home, Murrayville, Ill.

Lelia I. Saunders (class of 1922, Savannah Hospital, Savannah, Ga.) to John S. Hood, February 23. At home, Savannah.

Mrs. Olive Bland White (class of 1924, University Hospital, Augusta, Ga.) to Linwood William Zoller, March 31. At home, Augusta.

Emma Wilson (class of 1909, Lutheran Hospital, St. Louis, Mo.) to Bernard Zeinert, M.D., February 20. At home, St. Louis.

### Deaths

Sister M. Gervase (Baur) (class of 1896, Mercy Hospital, Pittsburgh, Pa.) at the Hospital, on March 20, after a long illness. Sister M. Gervase was one of the first superintendents of the Mercy School of Nursing. While relieved of her long suffering, she will be greatly missed, as she was beloved by all who knew her.

Genevieve Brewster (class of 1897, Buffalo General Hospital, Buffalo, N. Y.) in Buffalo, April 4. Miss Brewster had been in ill health for some time. Burial was at Buffalo.

Mrs. Florence Bard Cary (class of 1912, Lancaster General Hospital, Lancaster, Pa.)

on April 10, at her home in Lancaster, after an illness of several years.

Mrs. Helen Winton Courtney (class of 1920, Hamot Hospital, Erie, Pa.) on February 18. Burial was at New Richmond, Pa.

Charlotte Evans (a member of District 5, New Jersey) on January 31. Miss Evans was for a number of years an ornament to the profession of nursing and a faithful exponent of the ethics of the sick room. She showed untiring devotion and unflinching loyalty to the ideals of her profession. Her fellow members feel great sorrow at their loss.

Mary Margaret Hallacy (class of 1919, Mt. Carmel Hospital, Pittsburg, Kansas) on March 30, at the Fitz Simons General Hospital, Denver, Colo., after six years of illness following influenza contracted while in War service. Burial with military honors was at Woodland, Kansas.

Mrs. Mary Isabel Legge (Mrs. Mary Heiser) class of 1908, Milwaukee General Hospital, Milwaukee, Wisconsin) on March 28, at Duluth, Minnesota. Mrs. Heiser was Superintendent of Nurses at River Pines Sanatorium, Stevens Point, Wis.; Superintendent of Nurses at Municipal Tuberculosis Sanatorium, Baltimore, Md. She opened Maple Crest Sanatorium at Whitelaw, Wis., as Superintendent. She came to Nopeming Sanatorium, Nopeming, Minn., as Superintendent of Nurses, in 1915, left to marry, and moved to Washington state. After Mr. Legge's death, she returned to Nopeming Sanatorium where she has since held the position of Superintendent of Nurses. Mrs. Legge was a progressive supervisor and was appreciated by nurses, patients, and all who knew her.

Margaret Hume (class of 1886, London General Hospital, now Victoria Hospital, London, Ontario, Canada, on February 18, at Minneapolis, Minn., after an illness of four and one-half years. Miss Hume was one of the first nurses to graduate from her school. Some time after graduation she took a post-graduate course at the Woman's Hospital, New York City. She spent some time in Buffalo doing institutional work and later, private duty. Miss Hume was one of the first trained nurses in St. Paul and was known and esteemed by the older physicians of the city as a pioneer nurse who "blazed the trail" and never murmured at the hardships of those early days. She took a keen interest in the young graduate nurse and whenever possible would befriend her, always inspiring the nurse with loyalty to her profession. An ideal nurse



who will long be remembered by those she served, a loyal friend and a gracious woman of much charm. She leaves many devoted friends who will miss her. Burial was at Lakewood, Minneapolis.

**Myrtle Iva Luchsinger** (class of 1916, Punxsutawney Hospital, Punxsutawney, Pa.) on January 28, at the McMinnville Hospital, McMinnville, Oregon, of cholecystitis. Miss Luchsinger served during the war at Base Hospital 2, Fox Hills, N. Y., and at Debarcation Hospital 5, New York, a period of one year. She then did public health nursing under the Red Cross at Rimersburg, Pa., for two years. She spent one winter at the Minnequa Hospital, Pueblo, Colo., and then became Superintendent of the McMinnville Hospital, where she had served for one and one-half years. Burial was at Blairsville, Pa.

**Charlotte E. McCorkindale** (class of 1922, Holyoke City Hospital, Holyoke, Mass.) on March 17, at the Hospital, following an operation.

**Josephine M. Swenson** (class of 1909, New York Post Graduate Hospital, New York City), March 16. Miss Swenson's un-

timely death came as a great shock to her friends. She was operated on at the Brooklyn Hospital for malignant tumor on March 15 and quietly slept away. Miss Swenson was a woman of highest ideals and true religious principles. Those who had the privilege of coming in contact with her are better for having known her. Her chief ambition was to have been a missionary but her duty to her parents held her at home. Her Alma Mater suffers a great loss. She was one of its most outstanding members. Her first position was Assistant Directress of Nurses of her own school. She was also Directress of Nurses at the Woman's Hospital, Superintendent of Ossining Hospital, Ossining; Chief Nurse, Army Nurse Corps, during wartime, and State Inspector of New Jersey. She was a member of the American Legion. Commander Patmore and color bearers of the Jane A. Delano Post attended the services, as did members of her Alumnae. They mourn the loss of one cut off in her full bloom and strength.

**Mrs. John Smith (Joan Thompson)** (class of 1898, Butler Hospital, Providence, R. I.) at Needham, Mass., January 29.



"**S**UNSET and evening star,  
And one clear call for me,  
And may there be no moaning of the bar,  
When I put out to sea."

"**A** NOONTIDE Sunset—not a sad eclipse,  
Like one foretold by saintly Prophet lips,  
And while the sun was high and shining clear,  
The soul we leaned upon for help and cheer  
Passed on along a glory lighted way,  
Her sun gone down, the while it yet was day."

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## About Books

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### HEALTH MAINTENANCE IN INDUSTRY.

By J. D. Hackett. Illustrated. 488 pages. A. W. Shaw Company, Chicago. Price, \$5.

THIS is a very interesting and well compiled book but is of more value to the doctor, particularly one entering upon the industrial field, than to the nurse. The author presupposes that where there are nurses there will be doctors, which is by no means always the case, since many small plants have a doctor on call only. The few pages given to "The Nurse" are of particular interest. Standards of personality and preparation for industrial nursing are laid down and a needed word of warning on the employment of unqualified women as nurses is decidedly in place for, says the author,

It has not been uncommon to find unqualified women acting as nurses and taking liberties and risks which no properly qualified nurse would dare.

The text is far from clear on the point of "The Nurse's Room," for it seems to provide quite inadequately for her, where she is regularly employed and lives at the plant.

The section on the First Aid Room is particularly clear and practical.

The excellent chapter on Food and Lunch Rooms should interest nurses and other welfare workers.

The chapter on Fatigue is most interesting but here again, in discussing the susceptibility of women to fatigue there is no evidence of a study of the influence which the additional work done in the home by many industrial women has in contributing to such susceptibility.

The author believes that the requirement that women be examined by a physician of their own sex, is superfluous. This is required by law in New York State, and women physicians have proven themselves especially

fitted for the work of industrial hygiene.

There were 8,763,233 wage earners in industry in 1923. Health maintenance for such an army is therefore no small problem. This volume should here make a definite contribution toward the solution.

CHRISTINE R. KEFAUVER, R.N.,

*For six years Acting Supervisor, Division Industrial Hygiene, New York City Department of Health.*

THE PATIENT'S BOOK. By Edward F. Garesche, S.J., M.A., L.L.B. 151 pages. Catholic Hospital Association, Milwaukee. Price, single copies, 80 cents; reductions for quantity orders. On orders for 100 or more, the name of the hospital, city or state, at a cost of a few additional cents, can be lettered in gold on cover.

THIS little book has been prepared by Father Garesche in two editions, one for use in Catholic and one in non-Catholic hospitals. It is meant to be given to the patient on his entrance into the hospital to be his very own, to keep him company during the days he remains and to go with him to his home as a remembrance of his healing.

The hospital, its aims and its purposes, is explained to the patient in simple terms that should enable him to comprehend as much as is needful and to appreciate the complex machinery that is essential to his care. The prayers which have been included are written out of wide knowledge of the needs of the human heart.

SCOLIOSIS: Rotary Lateral Curvature of the Spine. By Samuel Kleinberg, M.D., F.A.C.S. Illustrated. 311 pages. Paul B. Hoeber, Inc., New York. Price, \$6.

THIS book is of general interest and could be used as a reference. It is divided into fourteen chapters and has

an index of the personal names quoted and of subjects, at the end of the book.

As one would expect from the title, this book dealing with just one orthopedic condition, goes into great detail as to possible causes, classifications, and treatment. The gymnastic exercises are diagrammed and this might be a help to a nurse who has to supervise such treatment. The chapter, *Forcible Correction*, goes into the subject at great length and should give the nurse a good idea of the danger signals that may occur after forcible correction has been used.

MARIE BAURLE, R.N.,  
New York, N. Y.

#### PRINCIPAL DRUGS AND THEIR USES.

By "A Pharmacist." 106 pages. Published by The Scientific Press, Faber and Gwyer, Ltd., London, England. Price one shilling, six pence (about thirty-five cents).

FOR our own use, this book would not be so desirable because it contains British standards. This fact makes it less useful than a similar American publication. Either "Useful Drugs" or "The Epitome of the United States Pharmacopoeia," both small books published by The American Medical Association, would be better suited for American nurses than is this. The subject matter in these two American publications is similar to "Principal Drugs and Their Uses."

NORMA SAUER SELBERT,  
College of Medicine,  
Ohio State University.

REPORT OF THE INTERNATIONAL COUNCIL OF NURSES. (Fifth regular meeting). Christiane Reimann, Headquarters International Council of Nurses, 1 Place du Lac, Geneva, Switzerland. Price, 75 cents.

MISS REIMANN has given us a notably fine report of that outstanding event in nursing history, the

Helsingfors meeting. The material is well edited and well arranged and the volume may be looked upon as a reliable source book by instructors in schools of nursing and by all the growing throng of nurses who are interested in the development of our profession in other countries.

FOOD VALUE SHEETS. Prepared by Minna G. Roesse and Annie L. Weeks. Copyrighted by Bertha M. Wood, East Northfield, Mass.

A THOROUGHLY practical device for use in computing diets which will be appreciated by private duty nurses, as the approximate amounts in slices, cups, or spoonfuls are given. The sheets are 12x18 inches and may be had at 75 cents for a flat sheet on plain paper or at \$1 for hinged cardboard. These sheets take up little space in a bag. The cardboard will stand up on a table and should be rather easier to work from.

PSYCHOLOGY FOR NURSES: Introductory Lectures for Nurses upon Psychology and Psychoanalysis. By Mary Chadwick. 249 pages. William Heinemann, Ltd., London. Price. 6/.

A N interesting and well organized series of introductory lectures upon psychology and psychoanalysis given at the College of Nursing, Ltd., and published serially in the *British Journal of Nursing*. The aim of the book which is based on the theories of Freud, is

not to train nurses to become psychoanalysts nor to teach them to use psychotherapy upon their patients but to show them the processes which are going on all the time in their own unconscious minds, as well as those of their colleagues, and their patients, to ease, if possible, the strain of nursing, as well as to mitigate some of the friction which so constantly arises from unrecognized and unresolved conflict from dim regions within ourselves, about

which we know nothing but the unfortunate results.

**REPORT ON MEDICAL EXAMINATIONS BY THE PUBLIC HEALTH COMMITTEE OF THE MEDICAL SOCIETY OF THE COUNTY OF KINGS (Brooklyn, N. Y.).**

**A**N interesting pamphlet of 78 pages, which contains much of interest to nurse administrators and which may be had for the asking. The conclusions emphasize the importance of annual examinations by the same practising physician, one who knows not only the personality and individuality of his clients but also the family and environmental conditions.

Several pages are given to the results of the work of a coöperative medical and nursing committee in establishing standing orders for the V. N. A. (See *Public Health Nurse*, January, '24). One page is given to the facilities presented by the library for the use of nurses.

**RURAL HOSPITALS. Farmers' Bulletin No. 1485. Superintendent of Documents, Government Printing Office, Washington, D. C. Price, 10c.**

**T**HE farmer does not want charity. This is made manifest by the way in which rural people are taking the initiative in erecting, through public subscriptions or voluntary taxation, county, town, or community hospitals.

This interesting 46-page pamphlet discusses in some detail the apparently nation-wide movement toward providing hospitals for rural communities and concludes with the statement that "any community may have a hospital if it really wants it."

**THE MODERN HOSPITAL YEAR BOOK. Sixth Edition, The Modern Hospital, Chicago, Ill. Price, \$2.**

**T**HE Year Book, prepared for desk use by the busy administrator, is an admirable general reference book on "problems

of planning, equipping, organizing and operating hospitals and institutions," as it contains specially prepared and well illustrated articles on these subjects. It is also a useful guide in purchasing, as it contains carefully indexed data on advertisers.

**DIRECTORY OF CONVALESCENT HOMES IN NEW YORK CITY AND VICINITY. Hospital Information Bureau, 15 West 43rd Street, New York City. One copy may be obtained free by any charitable agency; extra copies, 25 cents.**

**Books Received**

**A PRACTICAL HANDBOOK OF MIDWIFERY AND GYNAECOLOGY: For Students and Practitioners. By W. F. Theodore Haultain, F.R.C.S.E. Illustrated. 316 pages. The Scientific Press, London. Price, 10/6.**

**POSTURE CHARTS. Planned by Dr. Armin Klein. A set of 6 charts each approximately 24 by 34 inches. Superintendent of Documents, Government Printing Office, Washington, D. C. Price per set, 50 cents. Three boys' charts or three girls' charts, separately, 25 cents for the three. Send money orders or checks directly to Superintendent of Documents.**

During 1926 two bulletins on the subject of Posture will be published by the Children's Bureau, Washington, D. C., "Posture Exercises; A Handbook for Schools and for Teachers of Physical Education," and "Posture Clinics; organizations and exercises." Single copies sent free upon request to Children's Bureau.

**"POSTURE."** A two-reel film produced under the supervision of Dr. Armin Klein. Children's Bureau. Shows effect of posture upon bony framework and whole body, and demonstrates most important exercises for development of good posture. Sufficiently general in treatment for use in upper-grammar and high school grades. Each reel may be shown separately. For information on loan or purchase, address: Children's Bureau, U. S. Department of Labor, Washington, D. C.

**Too Late for Classification**

Proceedings of the Biennial Convention of the American Nurses to be held in Atlantic City will be sold at the rate of 25 cents per copy. Orders for these may be placed at the convention at the American Nurses' Association booth on the Steel Pier.



# Official Directory

**International Council of Nurses.**—Headquarters secretary, Christiane Reimann, 1 Place du Lac, Geneva, Switzerland.

**The American Journal of Nursing Company.**—Headquarters, 370 Seventh Ave., New York. Business Office, 19 W. Main St., Rochester, N. Y. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

**The American Nurses' Association.**—Headquarters, 370 Seventh Ave., New York. Director, Agnes G. Deans, 370 Seventh Ave., New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., V. Lota Lorimer, 11705 Detroit Ave., Lakewood, O. Sections: Private Duty, Chairman, Helen F. Greaney, 8620 Montgomery Ave., Chestnut Hill, Pa. Mental Hygiene, Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. Legislation, Chairman, A. Louise Dietrich, 1001 E. Nevada St., El Paso, Tex. Government Nursing Service Section, Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. Relief Fund Committee, Chairman, Mrs. Janette F. Peterson, 527 Lock Haven St., Pasadena, Cal.

**The National League of Nursing Education.**—Headquarters, 370 Seventh Ave., New York. President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass. Sec., Ada Belle McCleery, Evanston Hospital, Evanston, Ill. Treas., Marion Rottman, Bellevue Hospital, New York. Executive Secretary, Blanche Pfefferkorn, 370 7th Ave., New York.

**The National Organization for Public Health Nursing.**—President, Elizabeth G. Fox, 2151 California St., N. W., Washington, D. C. Acting Director, Theresa Kraker, 370 Seventh Ave., New York.

**Isabel Hampton Robb Memorial Fund Committee.**—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treas., Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y.

**New England Division, American Nurses' Association.**—President, Sally Johnson, Massachusetts General Hospital, Boston, Mass. Sec., Esther Dart, Stillman Infirmary, Cambridge, Mass.

**Middle Atlantic Division.**—President, Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Sec., Annie Crighton, University Hospital, Baltimore, Md.

**Northwestern Division, American Nurses' Association.**—President, Grace Phelps, 616 Lovejoy St., Portland, Ore. Sec.,

Mayme Kube, Good Samaritan Hospital, Portland, Ore.

**Nursing Service, American Red Cross.**—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

**Army Nurse Corps, U. S. A.**—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

**Navy Nurse Corps, U. S. N.**—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

**U. S. Public Health Service Nurse Corps.**—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

**Nursing Service, U. S. Veterans' Bureau.**—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

**Department of Nursing Education, Teachers College, New York.**—Director, Isabel M. Stewart, Teachers College, Columbia University.

## State Associations of Nurses

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Idaho.—President, Beatrice Reichert, 1711 N. 12th St., Boise. Sec., Barbara Williams, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses. Examiner, Napina Hanley, State Capitol, Boise.

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South Dakota.—President, Carrie E. Clift, 1205 West Blvd., Rapid City. Corresponding secretary, Margaret Hoover, 302 Dakota Life Bldg., Watertown. President examining board, Bothilda U. Olson, 510 N. 4th Ave., Mitchell. Sec.-treas., Mrs. Elizabeth Dryborough, Rapid City.

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Utah.—President, Blanche Henderson, 686 Milton Ave., Salt Lake City. Sec., Kathrine Brett, L.D.S. Hospital, Salt Lake City, Department of Registration, Capitol Bldg., Salt Lake City.

Vermont.—President, Office temporarily vacant. Sec., Mrs. Joseph W. Blakely, 11 Winter St., Montpelier. President examining board, Office temporarily vacant. Sec., Cella E. Brian, Brattleboro Hospital, Brattleboro.

Virginia.—President, Agnes D. Randolph, 1032 W. Grace St., Richmond. Sec., Natalie Curtis, Sheltering Arms Hospital, Richmond. President examining board, Emma C. Harlan, 206 Ridge St., Charlottesville. Sec.-treas. and Inspector of Training Schools, Ethel M. Smith, Craigsville.

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